

MEDICAL SERVICES FOR INDIGENTS

PROVIDER MANUAL

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HEALTH CARE AGENCY

MEDICAL AND INSTITUTIONAL HEALTH SERVICES

P. O. BOX 355

SANTA ANA, CA 92702

Web Site

www.ochealthinfo.com/medical/msi.htm

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MEDICAL SERVICES FOR INDIGENTS PROVIDER MANUAL

I. INTRODUCTION

The Orange County Medical Services for Indigents (MSI) Program, formerly known as Indigent Medical Services (IMS), began in January, 1983 as a result of the transfer of responsibility from the State to the County for a category of patients no longer eligible for Medi-Cal. MSI covers necessary medical care for Orange County eligible residents 21 through 64 years of age who have no other resource for medical care.

The MSI Program structure includes the County and the private medical community in a unique public-private partnership to deliver health care to indigents utilizing the entire medical system and resources. Hospitals are represented by the Hospital Association of Southern California, physicians are represented by the Orange County Medical Association, and community clinics are represented by the Coalition of Orange County Community Clinics in the planning, design and operation of the Program. MSI funded staff are available in each of these organizations to assist providers with administrative issues.

The MSI Program intermittently publishes and distributes a bulletin that presents updated information on pertinent issues. If you are not receiving the MSI Bulletin and would like to receive it, call the MSI office at (714) 834-6248, and ask that your name be added to the distribution list. It is recommended that copies of the MSI Bulletin be placed inside the manual where they will serve as a convenient reference source to users.

MSI has posters and patient brochures available in English, Spanish, and Vietnamese languages. Copies of the MSI posters and brochures may be obtained by calling the MSI office at (714) 834-6248. Representatives from the MSI Program are available for consultation and training workshops.

MSI PROGRAM FUNDING

DEPENDS ON COMPLIANCE WITH STATE REQUIREMENTS

Hospitals contracted with the County to provide services to the MSI population must comply with the following *Welfare and Institutions (W & I)* Code sections:

- 1) **14134.1** ***“No provider under this chapter may deny care or services under this chapter on account of the individual’s inability to pay a copayment, as defined in Section 14134. The requirements of this Section shall not extinguish the liability of the individual to whom the care or services were furnished for payment of the copayment.”***

- 2) **16804.1**
 - a) ***“No fee or charge shall be required of any person before a county renders medically necessary services to persons entitled to services pursuant to Section 17000.”***
 - b) ***“This section is declaratory of existing law and shall not be interpreted to effect a county’s authority to implement a reasonable sliding fee schedule based on ability to pay.”***

- 3) **16818**
 - a) ***“Each facility treating persons pursuant to Section 17000 shall provide at the time treatment is sought, individual notice of the availability of reduced cost health care. In addition, conspicuous posted notices of the procedures for applying for reduced cost health care shall be displayed in all emergency rooms and patient waiting rooms of each facility treating persons pursuant to Section 17000.”***
 - b) ***“This Section is declaratory of existing law and shall not be interpreted to constitute a new mandate.”***

INFORMATION SOURCES

MSI Eligibility Information Line (714) 480-6333

MSI 24/7 Provider Eligibility Information Line (866) 647-1860

Medical Services for Indigents

Patient/Provider Relations/Fraud and Recovery

P. O. Box 355

Santa Ana, CA 92702

Providers Only

(714) 834-3557

Patients Only

(714) 834-5211

American Insurance Administrators, Inc. (AIA) (Fiscal Intermediary)

P. O. Box 6285

Orange, CA 92863-6285

(714) 634-1321

Orange County Foundation for Medical Care

Case Management Unit -

Main Number (714) 634-5169

Central County Ext. 249

North County Ext. 241

South County Ext. 248

Support Staff Ext. 243 & 244

Hospital Association of Southern California

12361 Lewis Street, Suite #101

Garden Grove, CA 92840

(714) 750-0788

Orange County Medical Association

(714) 978-1160

Coalition of Orange County Community Clinics

2107 N. Broadway, Suite #102

Santa Ana, CA 92706

(714) 667-5100

Contracts Development Management Department

(714) 834-5809

II. GENERAL ELIGIBILITY

The Medical Services for Indigents (MSI) Program covers medical care necessary to protect life, prevent significant disability or prevent serious deterioration of health for Orange County eligible residents 21 through 64 years of age who have no other resource for medical care.

A. Medical Eligibility

The purpose of the MSI Program is to provide medical care necessary to protect life, prevent significant disability or serious deterioration of health.

An applicant must have a current medical need to apply for Program benefits. Appendix A contains the MSI Program's Scope of Services.

Conditions generally not covered are those patients have lived with for an extended period of time, which have not changed significantly and do not require maintenance of care.

B. Financial, Residency and Identification Eligibility

General and financial eligibility for the MSI Program is determined by the Orange County Social Services Agency (SSA). The applicant's Social Security card, and a copy of the alien registration card (if the patient is not a U.S. citizen), photo ID as well as proof of residency are required for application. Financial information including current income, checking/savings account balances, vehicle ownership, and value of other property and assets is also necessary. After the hospital-designated personnel complete an application and statement of facts, the forms are forwarded to SSA for review and processing. Information on the application is verified through various automated databases.

Financial eligibility is based upon criteria stated in *Title 22 of the California Code of Regulations* as it relates to Medi-Cal eligibility with an income cap at 200% of the Federal Poverty Level as updated April of each year.

Appendix F discusses the differences between the Medi-Cal and MSI Programs.

C. Eligibility Determination Process

If a patient does not have financial resources to pay for necessary medical services, he or she may be eligible to the MSI Program. After initial screening by the hospital, physician or clinic, the Hospital Liaison at an MSI contracting hospital (Appendix E) or staff at a qualified community clinic should be called to arrange an appointment for the patient to complete an MSI application. The patient must complete the application before SSA can determine eligibility. Appendix C details the referral procedure.

After the MSI Liaison completes the application, the County Social Services Agency must receive it no later than the last day of the third month following the month of service for which the payment is to be made.

The Medical Services for Indigents Agreement requires contracting hospitals to make their best efforts to inform physicians, dentists and other providers of service of eligibility decisions for MSI applicants. Additionally, patients are informed of their responsibility to notify medical providers of their eligibility in a timely manner.

An MSI Hotline is available 24 hours, seven days a week for verification of patient eligibility. To access this line providers will need to input the patient's SSN and DOB, and the provider's tax ID number. This information is updated daily to ensure the most current information is available. This automated system will give five possible eligibility determinations: Eligible (with period of eligibility), Denied, Pending (application still in process), Temporary Eligibility (eligibility granted for a thirty day period only) and Suspended Eligibility (eligibility on temporary hold which deems patient ineligible and claims not payable until further verification is received).

Patients who fail to complete the application procedure are responsible for medical costs incurred. Patients who continue to have medical needs must reapply every six months in order to continue eligibility.

D. **Dual Application**

Applications for both Medi-Cal and MSI are taken when an applicant is identified as potentially disabled for at least one year. MSI may be approved pending the disability decision by the Disability and Adult Programs Division (DAPD).

If the applicant fails to cooperate in the Medi-Cal application process, an initial MSI application may be approved, but subsequent MSI applications may be denied until the applicant cooperates with the Medi-Cal application process.

III. **GENERAL BILLING INFORMATION**

American Insurance Administrators (AIA) currently serves as the Fiscal Intermediary for the MSI Program. *The timeline for claims submission is 90 days from the date of service or from verification of eligibility, whichever is later. **The final date for claims receipt by the Fiscal Intermediary is now September 30 – 90 days** following the last date for service within this contract period.* Physicians may use their own billing statements or the HCFA 1500. All billing must include the following information:

- Patient's name
- MSI eligibility number (Social Security number)
- Date of service
- Provider Tax Identification number

Additional information will facilitate payments: Date of birth, ICD-9-CM diagnosis codes, and a copy of the NOTICE OF ACTION. Eligibility information is available from the patient, the MSI Hotline Eligibility Technician, the MSI Patient/Provider Relations office or the Fiscal Intermediary.

Submission of claims after close of contract period (*exception policy*)

There is **only** one exception to the billing deadline noted above: Patients who are initially denied MSI eligibility and are subsequently granted eligibility through the Orange County Social Services Agency's (SSA) ***Appeal or Administrative Review*** process.

GENERAL BILLING INFORMATION – continued

There can be a lengthy delay from the time the patient submits an appeal to the time SSA receives information to rescind the original denial of eligibility. As a result, the patient may receive notification of eligibility after the contract period is closed.

Providers, who receive information that a patient has been granted eligibility (through the appeal or administrative process) for a closed contract period, may do the following:

- Ask the patient for a copy of their Notice of Action (the approval letter from SSA that confirms eligibility for the date of service in question).
- Attach a copy of the patient's Notice of Action to the claim, and submit the claim to the fiscal intermediary, AIA.

Important Note:

Should claims be submitted after the deadline due to pending MSI eligibility verification issues, these claims will be rolled forward and considered for payment under the succeeding year's contract.

MSI Eligibles with "Other Insurance"

It is possible for MSI eligible patients to have primary health insurance. When a patient has other coverage, it is required by the Medical Services for Indigents Agreement that you bill that coverage.

You must bill the primary carrier **prior** to billing the MSI Program. After you receive payment from the primary coverage, bill the Fiscal Intermediary for the balance of the claim and enclose copies of the Explanation of Benefits from the other coverage. MSI pays the supplemental amount necessary to bring total reimbursement from all sources up to that paid if MSI were the sole source of payment. If you receive a denial from the primary coverage, submit your total bill with a copy of the denial. The claims submission deadline still applies even though other insurance is involved.

A. Billing by Hospitals

Inpatient Case Management Unit

To notify of an admission, call Case Management Unit at **(714) 634-5169, ext. 241** (North County), **Ext. 249** (Central County), or **Ext. 248** (South County).

A. Billing by Hospitals – continued

Note : Failure to send concurrent reviews documentation to the Case Management Unit within 10 days of admission, will result in denial of the claim.

Hospitals may use their standard billing forms, or the UB92, as long as the Hospital Billing Point calculations are included (see Hospital Billing Points tables below). Questions regarding Hospital Point Calculation may be directed to the Fiscal Intermediary.

Hospitals are paid a Periodic Interim Payment (PIP) each month calculated using historical data.

Claims are reviewed by the Fiscal Intermediary to determine eligibility of patient, timeliness of submission and if the medical care rendered falls within the MSI Scope of Service. If the claim meets the necessary criteria, an initial credit is given. Calculation of the initial credit is based upon 50% of the point values. Points are valued at the total paid in the previous year (\$40.63 for FY 2003-04) listed in the following chart.

A final determination of the amounts due to all hospital contractors, adjusted for Periodic Interim Payment, are made by January 15 of each year and communicated to all hospitals. The notice includes notification to any hospital that has received an overpayment of PIP payments, and a demand for immediate repayment due within ten days. Final distribution of all amounts due to hospitals is made on or before January 31 of each contract year.

A. Billing by Hospitals – continued

Hospital Billing Points

Emergency Room Outpatients

| Emergency Department Outpatient | Total Points | M.D. | Room ¹ | Ancillary In Hospital ² | Ancillary Out of Hospital ³ | Hospital |
|--|---------------------|-------------|--------------------------|---|---|-----------------|
| Minor without ancillary (MD &/or Room) | 2.00 | 1.00 | 1.00 | X | Hosp | Doc |
| Minor with ancillary (MD &/or Room &/or ancillary) | 5.50 | 1.50 | 1.50 | 2.50 | 1.75 | 0.75 |
| Major with or without Ancillary ⁴ | 17.50 | 3.75 | 3.75 | 10.00 | 7.00 | 3.00 |
| Surgical procedure ⁵ (Operating Room with or without ancillary) | 10.00 | 3.75 | 3.75 | 2.50 | 1.75 | 0.75 |

¹ Emergency Department and/or Procedure Room = Room

² Physical, Occupational, Speech, Inhalation, Whirlpool Therapies, Acute Dialysis, Machine set-up for nebulizer

³ Laser (eye), Chemotherapy, Ultraviolet, Lab, X-ray, IV Therapy

⁴ For example, Trauma, CVA, HTN Crisis, Acute Renal Failure, Heart Attack

⁵ For example, Heart Catheterization, Angioplasty, Fractures, Cholecystectomy

Inpatient

| Inpatient | Points Per Day |
|-------------------------------|------------------------|
| Acute Days | 15 |
| Critical Days | 40 |
| Acute & Telemetry (Step-down) | 20 |
| Administrative Days | 5 |
| High Tech Ancillary | 10 x Conversion Factor |

A. Billing by Hospitals – continued

Trauma (Trauma Centers Only¹)

| | |
|------------|-----|
| Died in ER | 32 |
| Died in OR | 149 |
| Admitted | 38 |

¹"Trauma Center" or "designated trauma center" means a licensed general acute care hospital which has been designated as a Level I, II or III Trauma Center by the local Emergency Medical Services (EMS) Agency, in accordance with the law.

High Tech Ancillary^{1, 4}

| Weight Factors | Units | Points Per Day³ |
|---|----------------------|-----------------------------------|
| Hyperbaric Chamber ² | 2 Units per 24 hours | 20.00 |
| **Lithotripter – Inpatient ² | 2 Units | 20.00 |
| **Lithotripter – Outpatient | 3 Units | 30.00 |
| Electrodes – Each | 0.5 Units | 5.00 |
| MRI – Inpatient ² | 1 Unit | 10.00 |
| MRI – Outpatient | 1.5 Units | 15.00 |
| Radiation Therapy | 0.5 Units | 5.00 |

**** Tank submersion only**

¹High Tech Ancillary applies to inpatient and outpatient services.

²On Inpatients, points are in addition to per diem points.

³High Tech Ancillary is 10 points times the number of Units.

⁴Changes to conversion factors for specific High Tech Ancillaries must be recommended by the Administrative Review Committee and approved by the Program Manager.

B. Billing by Physicians

Physicians may use the HCFA-1500 or their own billing form, but the form must contain information mentioned in the General Billing Information Section, page 8.

The Fiscal Intermediary makes initial payments to physicians for services to eligible patients that fit the Scope of Service. Initial payments for physicians is at 65% of Resource-Based Relative Value Scale for general medicine codes and 80% for surgical codes.

Payments to physicians are calculated on the Relative Value Unit (RVU). The RVU is the value set forth in the Medical Fee Schedule which when multiplied by the conversion factor specified below equals one hundred percent of the payment for that RVU. Payments are calculated as follows:

Physician Claims

| Service | 100% of Conversion Factor per RVU | Interim Payment at 65% or 80% per RVU |
|--------------|-----------------------------------|---------------------------------------|
| Non-Surgical | 35.77 | \$23.25 (65%) |
| Surgical | 40.96 | \$32.77 (80%) |

Final pay for physicians is based on the following formula:

$$\begin{array}{l} \text{Individual} \\ \text{Physician} \\ \text{Share} \end{array} = \frac{\text{Total FY Interim Payments}}{\text{Total FY Interim Payment for All Physician Claims}} \times \begin{array}{l} \text{Funds} \\ \text{Remaining in} \\ \text{Fiscal Intermediary's} \\ \text{Physicians Account} \end{array}$$

Note: All laboratory and diagnostic imaging services ordered by physicians are rendered through MSI contracting hospitals. Physicians may, however, provide these services in their private offices and bill the Fiscal Intermediary directly. For further information please contact the current Fiscal Intermediary, American Insurance Administrators, at (714) 634-1321.

C. Billing by Community Clinics

Community clinics should follow the same guidelines for billing as discussed on page 13, section B, "Billing by Physicians."

C. Billing by Community Clinics - continued

Payments to community clinics are also based on the Relative Value Unit (RVU).

Community clinics are paid at sixty five percent (65%) for general medicine codes and eighty percent (80%) for surgical codes.

Community Clinics are also paid a bonus of an additional five percent (5%) for service encounters when the individual clinic baseline level of encounters has been exceeded for the year.

Payments are calculated as follows:

Community Clinic Claims

| Service | 100% of Conversion Factor per RVU | No Bonus | With Bonus |
|--------------|-----------------------------------|---------------------------------------|---------------------------------------|
| | | Interim Payment at 65% or 80% per RVU | Interim Payment at 70% or 85% per RVU |
| Non-Surgical | 35.77 | \$23.25 (65%) | \$25.04 (70%) |
| Surgical | 40.96 | \$32.77 (80%) | \$34.82 (85%) |

D. Billing for Pharmaceutical Services

The MSI Program utilizes a modified Medi-Cal drug formulary. For an updated version of the MSI Drug Pocket Formulary, please go to: www.ochealthinfo.com/medical/msi/providers/downloads.htm. Exclusions include medications not listed in the formulary, over the counter medication and specific therapeutic classifications relating to conditions outside the scope of the MSI Program. Therapeutic Classifications not covered under the MSI Program are listed in Appendix D, p. 63 - 65.

The MSI Program in those rare cases may cover a non-formulary drug where one of the following conditions is present: All Formulary options have been ineffective, or another non-formulary drug is less expensive, **or** there is an overwhelming, case specified need, **and** the diagnosis is within the scope of the MSI Program **and** is consistent with the prescription.

The MSI Drug Authorization Request Form is necessary when billing for Non-Formulary drugs (See Appendix D, p. 66).

The following ancillary pharmacy items are within the scope of the MSI Program and require a physician's prescription and are limited to a three-month supply:

1. Home I.V. therapy: Standard equipment
2. Customary colostomy care items
3. Usual and necessary items needed for wound care, e.g., solutions such as Burrows Solution, dressing, tape, etc
4. Diabetic materials: Insulin syringes, blood and urine testing strips for routine care.

Hospitals may use their standard Claim Form or the Medi-Cal Drug Claim Form, and must utilize the National Drug Codes when submitting pharmaceutical claims to the Fiscal Intermediary.

While a copy of the prescription is desirable, it is not mandatory for billing purposes. However, the claim must contain the amount of the particular medication dispensed.

Note: Medi-Cal Code 1 drugs are coverable by MSI if they fall within the coverable therapeutic classifications.

Caremark Network pharmacies provide eligible pharmaceuticals.

E. Billing for Emergency Transportation

Emergency medical transportation to a contracting hospital, necessary to prevent serious disability or illness or to protect the life of eligible patients, is reimbursable through MSI. Non emergency medical transportation services are not eligible for reimbursement, with the exception of transfers qualifying as a Special Permit Medical Service as defined in the Medical Services for Indigents Agreement.

Ambulance companies must indicate diagnosis on the transportation claim.

Eligibility information is available from the Patient, the MSI Hotline Eligibility Technician, the Hospital, the Patient/Provider Relations office or the Fiscal Intermediary.

Ambulance companies are reimbursed at one hundred percent (100%) of prevailing Medi-Cal rates.

Note: Paramedic services other than emergency transportation are not reimbursable through the MSI Program.

F. Billing for Durable Medical Goods

Providers of Durable Medical Goods must have a contract with the Medical Services for Indigents (MSI) Program to receive reimbursement. For information on how to become a contracted provider please call the County's Contracts Development Management Department at (714) 834-5809 and ask to speak to the MSI Contract Manager.

Suppliers of Durable Medical Goods may use their standard billing forms. All DMG services must be preauthorized by the MSI Program's Case Management Unit. They can be reached by calling 714-634-5169.

Approved claims for medical supplies are reimbursed at 100% of prevailing Medi-Cal rates for similar items. (See Appendix A.1, p. 36 - 38, for Scope of Service criteria).

G. Billing for Home Health Services (HHS)

Providers of Home Health Services may bill the Medical Services for Indigents (MSI) Program for reimbursement. All Home Health services must be pre-authorized by the MSI Program's Case Management Unit. They can be reached by calling 714-634-5169. Home Health Care Agencies may use their standard billing form when submitting claims to the Fiscal Intermediary.

Approved HHS claims are reimbursed at 100% of prevailing Medical rates for similar services. (See Appendix A.1, p. 43, for Scope of Service criteria.)

Note: Home Health agencies may bill the MSI program for the pharmaceutical portion of home infusion therapy. Claims are paid at (AWP minus a percentage + plus a dispensing fee). Include a copy of the prescription, the diagnosis if available, and the National Drug Code when submitting claims.

IV. BILLING THE PATIENT

A. Billing and Collection Practices

Providers have the right to bill patients in the event the patient fails to complete the eligibility process, receives a non-insurance, third party settlement, or if the services provided are determined to fall outside the scope of the MSI program.

Note: Patients are responsible for primary insurance co-payments and deductibles.

B. Deposits

1. *Emergency Services*

Deposits should not be required prior to providing treatment for persons needing emergency medical treatment as that term is defined in *Section 1317 of the Health and Safety Code*, i.e., "in danger of loss of life or serious injury or illness."

B. Deposits - continued

2. *Medically Necessary Services*

Deposits may be requested, but hospitals may not deny medically necessary services (i.e., cannot be postponed without seriously affecting health) to potentially eligible or eligible persons who fail to pay the deposits. *Welfare and Institutions Code Sections 14134.1 and 16804.1.*

V. REVIEW COMMITTEES

Administrative Review Committee

The Administrative Review Committee resolves all problems of an administrative nature, which arise in connection with the operation of the MSI Program and the implementation of the Medical Services Agreement. The Administrative Review Committee is comprised of a chairperson appointed by the County, one member from a contracting facility appointed by the Hospital Association of Southern California, one member appointed by the Fiscal Intermediary, one ex-officio member appointed by the Orange County Medical Association, one ex-officio member appointed by the HCA Director and one ex-officio member appointed by the Coalition of Orange County Community Clinics.

The Committee's decisions are advisory to the Program Manager.

Medical Review Committee

The Medical Review Committee reviews all claims for podiatry services and all providers and patient appeals to determine if services provided qualify as reimbursable medical services under the Medical Services Agreement. The Committee's decision must be rendered within 30 days of the receipt of any appeal by the Fiscal Intermediary. The decisions of the Medical Review Committee are final and binding.

The Committee consists of a physician chairperson appointed by the County, a physician member appointed by the Fiscal Intermediary and a physician member appointed by the Hospital Association of Southern California.

VI. APPEALS

Eligibility Appeals

Applicants or recipients may request an appeal on any County Social Services Agency action or inaction pertaining to their MSI application or eligibility determination process.

The request for a hearing must be filed with Orange County Social Services Agency Appeals Unit, P.O. Box 22001, Santa Ana, CA 92701-22001. Requests must be filed in writing within thirty (30) days of the date on the Notice of Action. The County is solely responsible for conducting these hearings.

Appeals of Denied Claims

Provider questions regarding eligible charges may be referred to the Fiscal Intermediary currently, American Insurance Administrators, (714) 634-1321. Claims denied as outside the medical Scope of Service may be appealed by providers to the Medical Review Committee. Appeals must be submitted, in writing, within thirty (30) days of the notice of denial, to American Insurance Administrators, P. O. Box 6567, Orange, CA 92863-6567.

Patients also receive a timely notice of every denial of provider payment with the reason for the denial and an explanation of the patient's appeal rights and an appeal form. Patient appeals must be submitted in writing, within 30 days of the notice of denial to: American Insurance Administrators, P. O. Box 6567, Orange, CA 92863-6567. Patients may be represented by an attorney or any other person of their choice.

The appeal must be accompanied by any records, medical opinions, arguments or other information, which the patient or their authorized representative(s) believe would be relevant in establishing the pertinent facts and in reaching a decision. The Medical Review Committee will consider this information in addition to the information contained in the claim file in reaching a final decision. The patient will be notified in writing of the Committee's decision.

A copy of American Insurance Administrators Patient Appeal Procedure is available for review or purchase from the Health Care Agency, Custodian of Records, 515 North Sycamore Street, Suite 120, Santa Ana, CA 92701, (714) 834-3536.

VII. TRANSFER POLICY

Hospitals and other providers will not be paid for any medical services if the hospital transfers or accepts a patient transfer, **except** when said patient requires a "special permit medical service" which is not available at the transferring hospital.

Special permit medical services are defined for purposes of the Medical Services Agreement as follows:

- Burn Center
- Cardiovascular surgery service
- Radiation therapy services
- Trauma center
- Renal transplant center
- Acute psychiatric service
- Special rehabilitation service
- Such types or kinds of transfers as may be approved in writing by the Project Director at the request of the Administrative Review Committee
- Authorized transport from acute care to SNF.

All special permit services must be licensed in accordance with appropriate laws and must be a service provided by a contracting hospital.

Placement in a skilled nursing facility or transfer to a veteran's hospital is not considered a transfer for the purposes of this policy.

Transfer other than for a "special permit medical service" may be recommended to the Project Director by the Administrative Review Committee under the following circumstances:

A. **In-County Transfers**

1. Patient is an established MSI eligible at the time of transfer; and
2. Patient was hospitalized under emergency circumstances which precluded facility selection in advance; and
3. Patient has an existing relationship with a physician which the patient and the physician wish to maintain; and
4. Physician noted above does not have staff privileges at

A. In-County Transfers – continued

the hospital where the patient was admitted; and

5. Patient's condition was stabilized prior to transfer; and
6. Both the receiving hospital and the physician agree in advance to the transfer.

B. Out-of-County Transfers

1. Patient is an Orange County resident; and
2. Patient was hospitalized under emergency circumstances which precluded facility selection in advance; and
3. Patient may or may not be an established MSI eligible at the time of transfer; eligibility may be determined subsequent to the transfer; and
4. Patient's condition was stabilized prior to transfer; and
5. Both the receiving hospital and the physician agree in advance to accept the transferee.

The receiving facility must notify the Fiscal Intermediary of the transfer via a letter. The letter must indicate the following:

1. Name and address of the patient
2. Reason for the transfer, and
3. Acceptance by the receiving facility and physician of the transferred patient (the physician's signature is desirable).

The Fiscal Intermediary will notify the Administrative Review Committee of the transfer by placing the request for approval on the agenda for the Committee's next regularly scheduled meeting.

A positive recommendation of the Administrative Review Committee will be forwarded to the Program Manager. The Program Manager will notify the Fiscal Intermediary in writing of the disposition of the transfer request.

APPENDIX A

Scope of Service

Medical Services for Indigents is a safety net program for adult indigents. A medical service shall be considered for reimbursement on a limited basis under the MSI Program, if such medical service is required for:

1. Immediate treatment of life threatening and emergent conditions.
2. Treatment of acute exacerbation of chronic conditions that are potentially life threatening.
3. Limited monitoring of chronic conditions that are potentially life threatening.
4. Conditions that if left untreated would result in permanent and significant impairment in function.

The Scope of Medical Services may include but is not limited to the following:

- Acute hospital inpatient services, including physician, room and board, diagnostic and therapeutic ancillary services, therapy services, anesthesia services, pharmacy services, administrative days and other acute hospital inpatient services necessary to the care of the patient;
- Home Health services;
- Outpatient services, including physician, clinic services, hospital based surgical center services, emergency room services, diagnostic and therapeutic services, outpatient pharmacy services and physical and occupational therapy services;
- Blood and blood derivatives;
- Acute outpatient hemodialysis;
- Emergency medical transportation;
- Acute dental services;
- Durable Medical Goods, prosthetics and medical supplies;
- Acute psychiatric evaluation as required for triage.

Scope of Service – continued

Exclusion and Limitations:

These exclusions are not exhaustive and additional exclusions may be reviewed and approved or disapproved on a case-by-case basis by the Fiscal Intermediary.

1. All services for health conditions, which are not medically necessary to protect life and prevent permanent and significant impairment of function;
2. Pregnancy related services including complications of pregnancy;
3. Extended or long-term care facility services;
4. Routine physical examinations;
5. Routine dental prophylaxis and radiological studies, orthodontia, and fixed prostheses;
6. Routine eye examinations; eyeglasses for refraction and eye appliances, hearing aids;
7. Routine injections of antigen to ameliorate allergic conditions;
8. Medications within therapeutic classifications that fall outside the scope of the MSI Program, or are not listed in the Medi-Cal Formulary;
9. Adult day care health services;
10. Acupuncture, chiropractic, optometry, and podiatry;
11. Non-emergency medical transportation;
12. Voluntary sterilization; birth control;
13. Inpatient and outpatient mental health services;
14. Inpatient and outpatient alcohol and drug rehabilitation;
15. Diagnostic and therapeutic services for male and female fertility;
16. Organ transplant;
17. Radial Keratotomy and other laser surgeries to correct refractive impairments;

Exclusion and Limitations – continued

18. All diagnostic, therapeutic and rehabilitative procedures and services which are considered experimental or of unproven medical efficacy;
19. All cosmetic procedures;
20. Personal convenience items for inpatient stay, and;
21. Ultrasound, massage and therapeutic thermal packs.

APPENDIX A.1

AMERICAN INSURANCE ADMINISTRATORS OPERATIONS MANUAL

MEDICAL SERVICES FOR INDIGENTS

CRITERIA FOR INTERPRETATION OF SCOPE OF SERVICE

INTRODUCTION

The Medical Services for Indigents (MSI) Program covers necessary medical care for Orange County residents 21 through 64 years of age who have no other resource for medical care. Providers are eligible for reimbursement for medical care rendered to eligible clients when that care is necessary to:

**Protect life and to
Prevent disability that would result in
permanent and significant impairment of
function.**

Note: The MSI Program currently pre-authorizes payment for the following surgeries:

- Orthopaedic
- Hysterectomy
- Hernia

For **pre-authorization** contact the **Case Management Unit at 714-634-5169 , ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

This appendix is not intended to be all-inclusive, but to provide more specific guidelines where needed to interpret the Scope of Services outlined above.

APPENDIX A.1 - continued

ACL RECONSTRUCTION

For **pre-authorization** contact the **Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

ONLY when the following criteria are met:

1. Documented instability for a period of 6 months or more in essential activities of daily living *
2. Gross multi-ligamentous disruption

* **Essential activities of daily living do not include sports.**

Not Covered

1. Repair of acute ACL injury
2. Rehabilitation to level of function beyond essential activities of daily living

ALLERGY

Covered

1. Acute dermatological reactions due to an autoimmune response
2. Pruritis
3. Respiratory distress related to obstructive bronchospasm
4. Acute allergic rhinitis
5. Food allergies that result in hypersensitivity reactions of a life threatening nature

Excluded:

Allergy testing, desensitization and related diet programs

APPENDIX A.1 – continued

ANCILLARIES

Covered

Ancillary services may be reimbursable if provided in an MSI contracting hospital. In rare instances, reimbursement for Free-Standing Ancillaries (in-County) may be approved on the basis of the following criteria:

1. Procedure is approved by Medi-Cal
2. The Medical Review Committee confirms that:
 - a) The procedure is medically necessary and is the most effective method of treatment, and
 - b) Is within the MSI Scope of Service, and
 - c) Is not available through an MSI contracting hospital

Reimbursement for the technical component will be made from the Hospital Pool by transferring the dollars from the Hospital to the Home Health account and paying the fee in one installment based on the estimated total reimbursement rate for the previous fiscal year. Reimbursement for the professional component will be from the Physicians' Pool.

Note: Reimbursement rates should not exceed those paid to Orange County contracting hospitals if the services were available from a contracting hospital.

AUDIOMETRY

Covered

Audio metric tests when done in conjunction with other diagnostic procedures to determine cause of acute symptomatology. Examples of symptomatology include:

1. Vertigo

APPENDIX A.1 – continued

2. Acute pain with loss of hearing
3. Infection with loss of hearing
4. Symptoms associated with acoustic neuroma or Meniere's disease
5. Acute post-traumatic hearing loss
6. Acute hearing deficit associated with the use of pharmaceuticals

Excluded:

- ◆ *Routine audiometry tests for screening, or to determine need for hearing aids*
- ◆ *Hearing aids*

AUTOLOGOUS BLOOD DONATION

Covered

In preparation for surgery when:

1. Surgery is within the Scope of the MSI Program
2. Blood donation is done in an MSI contracting hospital

CARPEL TUNNEL SYNDROME

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

1. Conservative treatment

APPENDIX A. 1 – continued

2. Surgical intervention (as an outpatient) when the patient has the following conditions:
 - a) Both day and night symptoms
 - b) Documented failure of medical management including splinting and corticosteroid injections
 - c) Documented atrophy of muscles of hand associated with syndrome
 - d) Fibrillation tendencies on EMG
 - e) Definite motor weakness symptoms, e.g., short thumb abduction-opposition
 - f) Objective motor involvement documented by the EMG or motor function tests

Excluded:

Duplicated diagnostic testing by neurologist.

CATARACTS

Covered

When one or more of the following conditions exist:

1. Corrected vision in better eye is less than 20/70. Exceptions include complications that are present or anticipated due to type or location of cataract.
2. Cataracts with potential complications such as:
 - a) Potential rupture of eye
 - b) Potential loss of eye
 - c) Glaucoma
 - d) Post-maturity degeneration

APPENDIX A. 1 – continued

3. Central cataract associated with grossly impaired night and/or close vision
4. Cataract in both eyes with impairment of near vision at an uncorrectable level greater than J-3*. An ophthalmologist's statement that near vision is significantly impaired or that there is an associated or impending glaucoma related to the cataracts.

* Jaeger's test. A near vision test consisting of seven different sizes of ordinary printer's type imprinted on a card.

Note: The patient's preoperative history and physical with visual fields are required for processing of claims.

CHRONIC OBSTRUCTIVE PULMONARY DISEASES

Covered

1. Diagnostic testing and treatment
2. Respiratory therapy including oxygen and necessary supplies (See O₂ requirements, Durable Medical Goods, p. 36 - 38)

Excluded:

Allergy work-up and desensitization

DENTAL SERVICES

Covered

1. Only services as described below when required for alleviation of acute pain or immediate diagnosis and treatment of unforeseen dental conditions which, if not immediately diagnosed and treated, would lead to serious deterioration of health, disability or death
2. Assessment of pain and/or infection

APPENDIX A. 1 – continued

3. Treatment by extraction

Extractions:

- a) When indicated for pain, abscess, or dental caries
- b) Of impacted teeth only when infection, abscess, pain or edema is documented
- c) Treatment with medication for relief of pain or infection (see Medi-Cal Formulary)

4. Treatment by other procedures:

- a) If justified by medical diagnosis (e.g., trauma, cardiovascular disease, chronic renal disease, immunosuppressed conditions) or,
- b) If absence of dental treatment would result in significant disability or a life-threatening medical condition

Excluded:

- ◆ *Treatment of periodontal disease*
- ◆ *Treatment of TMJ syndrome*
- ◆ *Dentures*
- ◆ *Fillings, crowns, root canals and dental implants*
- ◆ *Orthodontics*
- ◆ *Cosmetic procedures*

DERMATOLOGY

Covered

1. Treatment of skin conditions due to:

- a) Desquamation, exfoliation or devitalization

APPENDIX A. 1 – continued

- b) Acute immune or allergic response
 - c) Infection (including sexually transmitted diseases, e.g., venereal warts, molluscum contagiosum and herpes simplex)
 - d) Parasitic infestation
 - e) Injury to skin or appendages due to actinic or toxic exposure
2. Malignancy - to include biopsy or excision of suspected lesions
 3. Diagnostic evaluation of systemic illness with skin manifestations

Excluded:

- ◆ *Common warts*
- ◆ *Benign skin conditions*
- ◆ *Routine acne care*
- ◆ *Routine psoriasis*

DIABETES MELLITUS

Covered

1. Diagnostic testing and treatment
2. Home testing supplies for blood and urine
3. Electronic glucometers and supplies for insulin dependent diabetics requiring frequent and accurate home testing (See Durable Medical Goods, p. 37)
4. Annual physical examination to identify complications of diabetes.
5. Laser surgery for diabetic retinopathy.

Excluded:

Eyeglasses

DURABLE MEDICAL GOODS

Providers of Durable Medical Goods must have a contract with the Medical Services for Indigents (MSI) Program to receive reimbursement. For information on how to become a contracted provider please call the County's Contracts Development Department at (714) 834-5809 and ask to speak to the MSI Contract Manager. All Durable Medical Goods are paid at Medi-Cal rates. Rental payments are made up to (and do not exceed) the purchase prices of the equipment item.

For **pre-authorization** contact the **Case Management Unit at 714-634-5169, ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

1. Items such as wheelchairs and walkers when clinically indicated
2. Supplies for ostomy care, wound care, diabetic monitoring and treatment

Braces:

- a) Off-the-shelf
- b) Custom orthopedic braces including cast braces

C.P.A.P. (Continuous Positive Airway Pressure):

ONLY when symptomatology and documented clinical evidence substantiates significant deterioration of health.

Documented clinical evidence must include:

- 15 apneic episodes/hour
- < 84% O₂ saturated level.

APPENDIX A. 1 – continued

DURABLE MEDICAL GOODS - continued

C.P.M. (Continuous Passive Motion) Equipment:

For two weeks post discharge after joint surgery, could be longer with documentation to substantiate need.

Electronic Bone Stimulation:

Approval based upon:

- a) Current x-rays (and x-rays taken at the time of the original injury)
- b) Six-months nonunion
- c) History and physical

Glucometer:

Diabetics with any of the following:

- a) Uses insulin at least twice per day
- b) History of frequency of hypoglycemia or hyperglycemia
- c) Poor control with complications such as renal, ophthalmologic, neuropathic, cardiovascular or infections

O₂ Therapy: (Per Medi-Cal/Medicare Guidelines)

- a) Payment per month based on rate of 2L/min continuous
 - b) Portable O₂ (E tank) for exercise activity limited to two tanks per month
 - c) Liquid O₂ concentrator
 - d) Large O₂ tanks (H tank)
- } One or the other

APPENDIX A. 1 – continued

DURABLE MEDICAL GOODS – continued

Prosthetic Devices:

- a) Appliances necessary for the restoration of function or replacement of body parts
- b) When prescribed by a licensed physician
- c) When provided by a prosthetist, orthotist or a licensed physician

Note: Reimbursement (post-amputation) is only available for one permanent prosthetic device. It is advisable to delay fitting (of the prosthesis) until maximum shrinkage has occurred.

Excluded:

- ◆ *T.E.N.S. Unit*
- ◆ *Disposable diapers*
- ◆ *Disposable underpads*
- ◆ *Food supplements*

EMERGENCY MEDICAL TRANSPORTATION

Covered

- 1. Emergency medical transportation to contracting hospital.
- 2. Special permit transfers between contracting hospitals (See Transfer Policy, p. 20 - 22).

Excluded:

Non-emergency medical transportation

EMERGENCY ROOM VISIT

Covered

1. Initial assessment and evaluation when objective data confirms a diagnosis that meets MSI's coverage parameters (To protect life and to prevent disability that would result in permanent and significant impairment of function).
2. Medically necessary diagnostic tests and treatments. (see 1)

GYNECOLOGY

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

1. Diagnosis and treatment of acute and chronic symptoms, which if left untreated, would lead to significant disability or serious deterioration of health. Symptoms may include:
 - a) Pain.
 - b) Bleeding with Hgb less than 10 mg/dl
 - c) Infection
 - d) Neoplasms
 - e) Space occupying lesions
 - f) Endocrinologic dysfunction's
2. Treatment may include, but is not limited to:
 - a) D & C
 - b) Excision of lesions and/or neoplasms
 - c) Hysterectomy.

APPENDIX A. 1 – continued

Hysterectomy: May be reimbursable when one of the following is documented:

- Uncontrolled excessive bleeding with Hgb < 10gm% or Hct < 29 Vol %
- Pre-malignant and malignant conditions of cervix
- Fibroids of the uterus which are either:
 - ❖ **Acute symptomatology** - causing bladder pressure, abnormal bleeding, bladder or bowel compression, or chronic pelvic pain
 - ❖ Asymptomatic - 12 cm. in diameter
- Evidence of malignant disease of the pelvic structures.
- Pre-malignant lesions of the uterine endometrium.
- Recurrent, severe, PID or endometriosis not responsive to conservative management.
- Uterine prolapse of Grade III or greater or cystocele/rectocele of Grade III or greater with persistent incontinence of stool/flatus or persistent bladder infection with incontinence over six months in duration

Excluded:

- ◆ *Pregnancy*
- ◆ *Pregnancy-related condition (See p. 53)*
- ◆ *Tubal ligations*
- ◆ *Elective A & P repairs*
- ◆ *Hormone Replacement Therapy*

Note: Patients should be advised to apply for Medi-Cal benefits if pregnant.

HEMORRHOIDECTOMY

Covered

When conservative management fails to alleviate the following:

1. Excessive bleeding that causes hemodynamic instability
2. Acute Thrombosis - incision and drainage only

HERNIA REPAIR

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

1. Incarcerated hernia (non-reducible)
2. Strangulated hernias
3. Hernias which if left untreated would result in serious deterioration of health, significant disability, or death

Excluded:

- ◆ *Simple hernias*
- ◆ *Other uncomplicated hernias*

HOME HEALTH

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

The following guidelines for service are the maximum allowable for 30 days based upon diagnosis.

APPENDIX A. 1 – continued

Skilled Nursing Care

Six (6) visits maximum

Exception : *IV antibiotic therapy*

Physical and/or Occupational Therapy

- a) Must be homebound: with adequate progress documented
- b) Total of eight (8) visits

Speech Therapy

- a) Must be homebound: with adequate progress documented
- b) Total of eight (8) visits

Excluded:

Services provided by Home Health Aides or Social Workers.

JOINT REPLACEMENT CRITERIA

For **pre-authorization** contact the **Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

On an exception basis when one or more of the following criteria are met:

1. Rheumatoid or osteoarthritis results in severe pain not responsive to conservative management, and requires use of crutches or walker for a period of 6 months or more.
2. Failed prosthesis
3. Avascular necrosis (same criteria as #1)

APPENDIX A. 1 – continued

Claims must be accompanied by:

1. **Medi-Cal long-term disability evaluation denial**
2. Diagnostic imaging reports
3. Clinical findings documented on case record
4. Documentation indicating failed conservative management

MENTAL HEALTH

Covered

Only acute psychiatric evaluation as required for Emergency Room triage, i.e., to determine if there is an underlying psychiatric problem that caused or is contributing to the presenting medical anomaly.

Excluded:

Inpatient and Outpatient Mental Health, Drug Abuse and Alcohol Services. These services are available to MSI patients through the Orange County Health Care Agency. Patients pay for services based on a sliding fee scale.

For general information regarding mental health, drug abuse and alcohol services call (714) 834-4722.

See the MSI Brochure (Appendix M) for specific service locations.

M. R. I. (Magnetic Resonance Imaging)

Covered

With supporting documentation (not limited by anatomical sites, but by pathology).

NASAL SUBMUCOUS RESECTION

Covered

When the following conditions are present:

1. Acute injury with:
 - a) Loss of alar bridge
 - b) **Septal deviation - which results in significant breathing impairment**
2. Neoplasm
3. Hemorrhage
4. Infectious process (not controlled with conservative management)

Excluded:

Cosmetic repair

OBSTRUCTIVE SLEEP APNEA

POLYSOMNOGRAPHY

Covered

When one or more of the following criteria are met:

1. Documented history of frequent awakening during sleep, excessive daytime somnolence, and severe sleep disturbances unexplained by physical evidence
2. COPD when awake PaCO₂ > 55mm Hg and complicated by pulmonary hypertension, right heart failure, or polycythemia

APPENDIX A.1 – continued

3. Respiratory control disturbances when awake PaCO₂ > 45mm Hg or when complicated by pulmonary hypertension, polycythemia, disturbed sleep, morning headache, or daytime somnolence and fatigue
4. Nocturnal cyclic bradytachyarrhythmias, nocturnal abnormalities of A-V conduction, and ventricular ectopy during sleep increasing with wakefulness. (Holter or inpatient cardiac monitoring documentation).

Treatment:

ONLY when symptomatology and documented clinical evidence substantiates significant deterioration of health. Examples include, > 15 apneic episodes/hour, < 84% O₂ saturation level and/or cardiac arrhythmias.

OPHTHALMOLOGIC SERVICES

Covered

1. Ophthalmologic or retinologic evaluations
2. Treatment for diseases or injuries to the eye
3. Lens implant or lenticular eyeglasses following cataract surgery
4. Laser surgery for diabetic retinopathy
5. Annual exam for diabetics
6. Ocular prosthesis

Excluded:

- ◆ *Eyeglasses and routine refractions*
- ◆ *Radial Keratotomy*
- ◆ *Optometry services*

APPENDIX A. 1 – continued

OUT OF COUNTY SERVICES

The MSI Program does not cover services provided outside of Orange County. In rare instances, Out-of-County services may be approved based upon the following criteria:

The Medical Review Committee must confirm all of the following:

1. The procedure is medically necessary and is the most effective method of treatment
2. It is within the MSI Scope of Service
3. It is not available in Orange County
4. It is not experimental/investigative in nature

Reimbursement for the technical component will be made from the Hospital Pool by transferring the dollars from the Hospital Pool to the Home Health account and paying the fee in one installment based on the estimated total reimbursement rate for the previous fiscal year. Reimbursement for the professional component will be from the Physicians' Pool.

Note: Reimbursement rates should not exceed those paid to Orange County contracting hospitals if the service(s) were available in the County.

PHARMACY

Covered

1. Medications on the Medi-Cal Drug Formulary which are necessary to protect life, to prevent significant disability, or to prevent serious deterioration of health
2. Non-formulary drugs are covered on an exception to the rule basis. See p 14 - 15, and Appendix D
3. Ancillary Pharmacy Items (Limited to three-month supply):
 - a) Home I.V. therapy: Standard equipment

APPENDIX A. 1 – continued

- b) Customary colostomy care items.
- c) Usual and necessary items needed for wound care, dressings, tape, etc
- d) Diabetic materials: insulin syringes, urine and blood testing materials

Excluded:

- ◆ *Therapeutic Drug classifications excluded from the MSI Formulary (See Appendix D)*
- ◆ *Over the counter medications*

Note: Narcotics and medications that contain narcotic substances are considered for reimbursement on a case by case basis. Submission of a MSI Drug Authorization Request form is required. (See p. 65).

PHYSICAL THERAPY

Covered

Exercise modalities only when service is billed through a contracting hospital, a Home Health Care Agency, or the treating orthopedist's office. When billed through the physician's office, the physician's tax I.D. number must be listed.

Excluded:

- ◆ *Hot packs*
- ◆ *Massage*
- ◆ *Ultrasound*

PHYSICIAN OFFICE VISIT

Covered

1. Initial visit for evaluation of signs and symptoms
2. Examination
3. Diagnostic tests and documentation to substantiate need
4. Treatment with documentation to demonstrate appropriateness
5. Necessary follow-up care

Note: Physician must sign office records when submitted to Fiscal Intermediary for support of claims payment.

PLASTIC AND RECONSTRUCTIVE SERVICES

Covered

Plastic and reconstructive services to correct functional disorders following recent injury or a surgical procedure (that falls within the scope of the MSI Program).

Prosthetic devices and reconstructive surgery for mastectomies performed after July 1, 1980.

PODIATRY

Covered

Assessment and treatment of acute injury or infection of the foot.

Excluded:

Podiatry services such as, but not limited to:

- ◆ *Trimming of nails*
- ◆ *Treatment of plantar wart, callus and/or bunion*

Note: The Medical Review Committee reviews all podiatry claims.

PREGNANCY-RELATED CONDITIONS

Covered

Complications of a pregnancy for a person who is no longer pregnant. **Only when the patient does not qualify for Medi-Cal.** Complications may include:

1. Control of infection and bleeding
2. Medically necessary surgical repairs
3. Medically necessary ancillary and pharmacy items

Excluded:

- ◆ *Pregnancy*
- ◆ *Birth control*
- ◆ *Treatment for dysmenorrhea of "primary" type*
- ◆ *Diagnostic and therapeutic services for male and female infertility.*

PROSTHETIC DEVICES

For **pre-authorization** contact the **Case Management Unit at 714-634-5169, ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

See Durable Medical Goods (p. 36 - 38).

PSYCHIATRIC AND DETOXIFICATION SERVICES

Covered

1. Medically necessary treatment of acute symptoms of alcohol or drug ingestion and/or withdrawal

APPENDIX A. 1 – continued

2. Only acute initial psychiatric evaluation as required for Emergency Room triage, i.e., to determine if there is an underlying psychiatric problem that caused or is contributing to the presenting medical anomaly

Excluded:

Mental health, social work and alcohol related services. These services are provided through the Orange County Health Care Agency.

SURGERY OF SPINE AND SPINAL CORD

For **pre-authorization** contact the **Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

Covered

1. Emergency treatment of conditions resulting from trauma which, if left untreated, would result in permanent and significant impairment of function
2. Spinal surgery when records indicate one or more of the following:
 - a) Cauda equina Syndrome
 - b) Cervical spine disease with long tract signs (e.g., clonus, positive Babinski, myelopathy, loss of bowel and bladder function and hyperreflexia)
 - c) Severe back pain. In presence of objective spinal abnormality (e.g., spinal mass such as tumor or infection).
 - d) Persistent radiculopathy with evidence of neurological progression.

Note: All claims for reimbursement must include:

- ❖ **Complete history and physical.**
- ❖ **Pre-operative office records.**

APPENDIX A. 1 – continued

3. Results of all diagnostic studies, including radiology reports (e.g., C.T., M.R.I., or Myelogram).
4. Copy of all consultations.
5. Any other information that would support need for surgery.

SURGICAL INTERVENTION FOR EPILEPSY

Covered

When the following criteria are met:

1. Patient is diagnosed with intractable seizures
2. Documentation supports failure of conservative management
3. Surgery is performed at an MSI contracting hospital. An exception to this rule may be made when the procedure is not available within Orange County.

Excluded:

Experimental diagnostic procedures

TONSILLECTOMY

Covered

When one or more of the following conditions exists:

1. Clinical evidence of a least three pharyngeal (B-Hemolytic-Group A) streptococcal infections in a twelve month period
2. Peri-tonsillar abscess
3. Suspected malignancy

APPENDIX A. 1 – continued

4. Infection of throat/tonsil, which is known to be related to recurrent ear infections. Infection must be documented at least three times within a twelve-month period of time.
5. Concomitant disease where an acute streptococcal infection may exacerbate the disease process.

APPENDIX B

MSI FRAUD AND RECOVERY PROGRAM

The Medical Services for Indigents Program is a program with limited resources. In order to maximize reimbursement rates, providers of care need to collect from any liable third party payer for medical services provided to an eligible client. Third party payers include Medi-Cal, Workers Compensation, liability lawsuits, and private insurance. Maximization of reimbursement rates benefit both the provider and MSI Program.

In cases where an MSI client receiving medical services has another source of health insurance, providers must bill the insurance carrier prior to billing MSI. Once the provider receives an Explanation of Benefits (E.O.B.) from the other insurance carrier, the MSI Program may be billed for the balance of the total charges. MSI payment will be made as necessary to bring reimbursement from all sources up to the level paid if MSI were the sole source of payment. Claims submitted for MSI clients who have other insurance coverage will be denied unless proof of other coverage denial or Explanation of Benefits is submitted to the Fiscal Intermediary.

If any Provider receives reimbursement from a primary other insurance for services reimbursed through the MSI Agreement between the Fiscal Intermediary and the County of Orange, such provider shall reimburse Intermediary an amount equal to the MSI payment or the primary other insurance payment, which ever is less.

If a provider receives Medi-Cal reimbursement for services reimbursed through the MSI Agreement between the Fiscal Intermediary and the County of Orange, such provider shall reimburse Intermediary any amount paid by Intermediary to the provider for such service.

In cases where an MSI client receives a liability settlement, the providers may pursue collection of 100% of their allowed charges. The Fiscal Intermediary and the MSI Fraud and Recovery Department must be notified of any third party settlement. If any provider receives reimbursement from a third-party settlement for services reimbursed through the MSI Agreement between the Fiscal Intermediary and the County of Orange, such provider shall reimburse Intermediary the amount by which total payments from all sources exceed allowable charges. Providers need to submit documentation of third party recovery to the Fiscal Intermediary. The reimbursed funds are deposited into an interest bearing account and are used to enhance final provider payments.

APPENDIX B - continued

Note: All providers shall provide Intermediary such records and documentation as Intermediary may reasonably require to maintain centralized data collection and referral services in support of third-party revenue recovery activities.

Providers who have concerns about possible patient fraud may call and leave information on the
**MSI Program's confidential Fraud line at:
714-834-3557, option 5.**

APPENDIX C

PATIENT REFERRALS TO THE MSI PROGRAM BY OUTPATIENT PROVIDERS

The purpose of this procedure is to give Providers of Service information on how to screen and refer patients to the MSI Program for eligibility determination. Patients, who are not currently eligible to the MSI or Medi-Cal programs and have no other resource for medical care, may be referred for MSI eligibility screening.

Appointments to apply for the MSI Program are made by calling the MSI Liaison at an MSI contracted hospital or qualified community clinic (**See Appendix E**):

- Where the provider is on staff, or
- The patient is to receive treatment, or
- The contracting hospital or qualified community clinic closest to the patient's home.

I. Outpatient Provider Role:

1. Contacts the MSI liaison at a contracting hospital or qualified community clinic to arrange an appointment for the patient to apply for MSI benefits, **or**
2. Instructs the patient to contact the MSI liaison
3. Obtains status of patient's MSI Eligibility by calling the Eligibility Information Line, the MSI Patient/Provider Relations Office or the current Fiscal Intermediary, AIA.

Note: Providers of Service should take steps to obtain eligibility information to insure timely billing.

II. Patient Role:

1. Keeps appointment with the hospital or community clinic liaison and brings all necessary paperwork to complete application process.
2. Notifies all Providers of Service of the final disposition of the MSI application

III. Hospital/Community Clinic Staff Role:

1. Gives an appointment to the patient for MSI eligibility screening and informs patient of necessary paperwork needed at time of appointment
2. Takes the MSI application
3. Forwards the completed application to the MSI Unit of the Social Services Agency

IV. MSI Unit of the Social Services Agency Staff Role:

1. Evaluates the MSI application for completed information
2. Verifies information on the MSI application
3. Determines eligibility status

V. Fiscal Intermediary Staff Role:

1. Processes claims from providers of service for MSI eligibles
2. Mails a weekly eligibility status report to hospitals and qualified community clinics of all eligibility actions taken during that week

APPENDIX D

1. DRUG FORMULARY FOR MEDICAL SERVICES FOR INDIGENTS (General Information)

The MSI Program currently utilizes the Medi-Cal Drug Formulary, modified to exclude drugs that are within therapeutic classifications that are outside the Scope of the MSI Program and over the counter medications.

a) **Covered**

Medications necessary to sustain life, to prevent significant disability, and/or prevent serious deterioration of health

b) **Amounts of Medications Dispensed**

Limited to eight prescriptions per month. Generic medications should be used whenever possible and appropriate.

c) **Unlisted Medications**

Medications not listed in the drug formulary may be reimbursable subject to retrospective review by the Medical Review Committee.

d) **Ancillary Pharmacy Items**

Limited to three-month supply per prescription

- Home I.V. therapy: Standard equipment
- Customary colostomy cares items
- Usual and necessary items needed for wound care, e.g., dressings, tape, etc.
- Diabetic materials: Insulin syringes and testing materials

2. MSI DRUG FORMULARY – THERAPEUTIC CLASSIFICATION

| Therapeutic Class | | Exc | | Therapeutic Class | Exc |
|-------------------|--|----------|---------------------------|-------------------|--|
| | Excluded Class = X in Exc | | | | |
| 000000 | AHFS Category Unknown | X | ² ₄ | 240400 | Cardiac Drugs |
| 040000 | Antihistamine Drugs | X | | 240600 | Antilipemic Agents |
| 080000 | Anti-Infective Agents | | | 240800 | Hypotensive Agents |
| 080400 | Amebicides | | | 241200 | Vasodilating Agents |
| 080800 | Anthelmintics | | | 241600 | Sclerosing Agents |
| 081200 | Antibiotics | | | 280000 | Central Nervous System Agents |
| 081202 | Aminoglycosides | | | 280400 | General Anesthetics |
| 081204 | Antifungal Antibodies | | | 280800 | Analgesics and Antipyretics |
| 081206 | Cephalosporins | | | 280804 | Nonsteroidal Anti-Inflammatory Agents |
| 081207 | Miscellaneous B-Lactam Antibiotics | | | 280808 | Opiate Agonists |
| 081208 | Chloramphenicol | | | 280812 | Opiate Partial Agonists |
| 081212 | Marcrolides | | | 280892 | Miscellaneous Analgesics and AntiPyretics |
| 081216 | Penicillins | | | 281000 | Opiate Antagonists |
| 081224 | Tetracyclines | | | 281200 | AntiConvulsants |
| 081224 | Miscellaneous Antibiotics | | | 281204 | Barbiturates |
| 081600 | Antituberculosis Agents | | | 281208 | Benzodiazepines |
| 081800 | Antivirals | | | 281812 | Hydantoins |
| 082000 | Antimalarial Agents | | | 281216 | Oxazolidinediones |
| 082200 | Quinolones | | | 281220 | Succinimides |
| 082400 | Sulfonamides | | | 281292 | Miscellaneous AntiConvulsants |
| 082600 | Sulfones | | | 281600 | Psychotherapeutic Agents |
| 082800 | Antitreponemal Agents | | | 281604 | Antidepressants |
| 083200 | Antitrichomonal Agents | | | 281608 | Tranquilizers |
| 083600 | Urinary Anti-Infectives | | | 281612 | Miscellaneous Psychotherapeutic Agents |
| 084000 | Miscellaneous Anti-Infectives | | | 282000 | Respiratory and Cerebral Stimulants |
| 100000 | Antineoplastic Agents | | | 282400 | Anxiolytic, Sedatives and Hypnotics |
| 120000 | Autonomic Drugs | | | 282404 | Barbiturates |
| 120400 | Parasympathomimetic (Cholinergic Agents) | | | 282408 | Benzodiazepines |
| 120800 | Anticholinergic Agents | | | 282492 | Misc. Anxiolytics, Sedatives and Hypnotics |
| 120804 | Antiparkinsonian Agents | | | 282800 | Antimanic Agents |
| 120808 | Antimuscarinics/Antispasmodics | | | 320000 | Contraceptives (e.g. Foams, Devices |
| 121200 | Sympathomimetic (Adrenergic) Agents | | | 340000 | Dental Agents |
| 121600 | Sympatholytic Adrenergic Blocking Agents | | | 360000 | Diagnostic Agents |
| 122000 | Skeletal Muscle Relaxants | | | 360400 | Adrenocortical Insufficiency |
| 129200 | Miscellaneous Autonomic Drugs | | | 360800 | Amyloidosis |
| 160000 | Blood Derivatives | | | 361200 | Blood Volume |
| 200000 | Blood Formation and Coagulation | | | 361600 | Brucellosis |
| 200400 | Antianemia Drugs | | | 361800 | Cardiac Function |
| 200404 | Iron Preparations | | | 362400 | Circulation Time |
| 200408 | Liver and Stomach Preparations | | | 362600 | Diabetes Mellitus |
| 201200 | Coagulations and AntiCoagulations | | | 362800 | Diphtheria |
| 201204 | Anticoagulations | | | 363000 | Drug Hypersensitivity |
| 201208 | AntiHeparin Agents | | | 363200 | Fungi |
| 201212 | Coagulants | | | 363400 | Gallbladder Function |
| 201216 | Hemostatics | | | 363600 | Gastric Function |
| 201600 | Hematopoietic Agents | | | 363800 | Intestinal Absorption |
| 202400 | Hemorrhologic Agents | | | 364000 | Kidney Function |
| 204000 | Thrombolytic Agents | | | 364400 | Liver Function |
| 240000 | Cardiovascular Drugs | | | 364800 | Lymphogranuloma Venereum |

2. MSI DRUG FORMULARY – THERAPEUTIC CLASSIFICATION - continued

| Therapeutic Class | | Exc | Therapeutic Class | | Exc |
|-------------------|---|-----|-------------------|-------------------------------------|-----|
| | Excluded Class = X in Exc | | | | |
| 365200 | Mumps | | 523200 | Vasoconstrictors | |
| 365600 | Myasthenia Gravis | | 523600 | Miscellaneous EENT Drugs | X |
| 366000 | Thyroid Function | | 560000 | Gastrointestinal Drugs | |
| 366100 | Pancreatic Function | | 560400 | Antacids and Absorbents | |
| 366200 | Phenylketonuria | | 560800 | Antidiarrhea Agents | |
| 366400 | Pheochromocytoma | | 561000 | AntiFlatulents | X |
| 366600 | Pituitary Function | | 561200 | Cathartics and Laxatives | |
| 366800 | Roentgenography | | 561400 | Cholelitholytic Agents | |
| 367200 | Scarlet Fever | | 561600 | Digestants | |
| 367600 | Sweating | | 562000 | Emetics | |
| 368000 | Trichinosis | | 562200 | Antiemetics | |
| 368400 | Tuberculosis | | 562400 | Lipotropic Agents | X |
| 368800 | Urine and Feces Contents | | 564000 | Miscellaneous GI Drugs | |
| 368812 | Ketones | | 600000 | Gold Compounds | |
| 368820 | Occult Blood | | 640000 | Heavy Metal Antagonists | |
| 368824 | PH | | 680000 | Hormone and Synthetic Substitutes | X |
| 368828 | Protein | | 680400 | Adrenals | |
| 368840 | Sugar | | 680800 | Androgens | X |
| 380000 | Disinfectants (For Non-Dermatologic Use | | 681200 | Contraceptives | X |
| 400000 | Electrolytic, Caloric, and Water Balance | | 681600 | Estrogens | X |
| 400400 | Acidifying Agents | X | 681800 | Gonadotropines | |
| 400800 | Alkalinizing Agents | X | 682000 | AntiDiabetic Agents | |
| 401000 | Ammonia Detoxicants | | 682008 | Insulins | |
| 401200 | Replacement Preparations | | 682020 | Sulfonylureas | |
| 401600 | Sodium-Removing Resins | | 682092 | Miscellaneous Antidiabetic Agents | |
| 401700 | Calcium-Removing Resins | | 682400 | Parathyroid | |
| 401800 | Potassium-Removing Resins | | 682800 | Pituitary | |
| 402000 | Caloric Agents | X | 683200 | Progestins | X |
| 402400 | Salt and Sugar Substitutes | X | 683400 | Other Corpus Luteum Hormones | X |
| 402800 | Diuretics | | 683600 | Thyroid and AntiThyroid Agents | |
| 402810 | Potassium Sparing Diuretics | | 683604 | Thyroid Agents | |
| 403600 | Irrigating Solutions | | 683608 | AntiThyroid Agents | |
| 404000 | Uricosuric Agents | | 720000 | Local Anesthetics | |
| 440000 | Enzymes | | 760000 | Oxytocics | X |
| 480000 | Antitussives, Expects & Mucolytics Agents | | 780000 | Radioactive Agents | |
| 480800 | Antitussives | | 800000 | Serums, Toxoids and Vaccines | X |
| 481600 | Expectorants | | 800400 | Serums | X |
| 482400 | Mucolytic Agents | | 800800 | Toxoids | X |
| 520000 | Eye, Ear, Nose and Throat (EENT) Preps | | 801200 | Vaccines | X |
| 520400 | Anti-Infectives | | 840000 | Skin and Mucous Membrane Agents | |
| 520404 | Antibiotics | | 840400 | Anti-Infectives | X |
| 520405 | Antifungals | | 840404 | Antibiotics | |
| 520406 | Antivirals | | 840406 | Antivirals | |
| 520408 | Sulfonamides | | 840408 | Antifungals | X |
| 520412 | Miscellaneous Anti-Infectives | | 840412 | Scabicides and Pediculicides | |
| 520800 | Anti-Inflammatory Agents | | 840416 | Miscellaneous Local Anti-Infectives | |
| 521000 | Carbonic Anhydrase Inhibitors | | 840600 | Anti-Inflammatory Agents | |

2. MSI DRUG FORMULARY – THERAPEUTIC CLASSIFICATION - continued

| Therapeutic Class | | Exc | Therapeutic Class | | Exc |
|-------------------|--|-----|-------------------|---|-----|
| | Excluded Class = X in Exc | | | | |
| 521200 | Contact Lens Solutions | X | 840800 | Antipruritics and Local Anesthetics | |
| 521600 | Local Anesthetics | | 841200 | Astringents | |
| 522000 | Miotics | | 841600 | Cell Stimulants and Proliferants | X |
| 522400 | Mydriatics | | 842000 | Detergents | X |
| 522800 | Mouthwashes and Gargles | X | 842400 | Emollients, Demulcents, and Protectants | X |
| 842404 | Basic Lotions and Liniments | X | | | |
| 842408 | Basic Oils and Other Solvents | X | | | |
| 842412 | Basic Ointments and Protectants | X | | | |
| 842416 | Basic Powders and Demulcents | X | | | |
| 842800 | Keratolytic Agents | X | | | |
| 843200 | Keratoiplastic Agents | X | | | |
| 843600 | Misc. Skin and Mucous Membrane Agents | X | | | |
| 845000 | Depigmenting and Pigmenting Agents | X | | | |
| 845004 | Depigmenting Agents | X | | | |
| 845006 | Pigmenting Agents | X | | | |
| 848000 | Sunscreen Agents | X | | | |
| 860000 | Smooth Muscle Relaxants | X | | | |
| 860800 | Gastrointestinal Smooth Muscle Relaxants | | | | |
| 861200 | Genitourinari Smooth Muscle Relaxants | | | | |
| 861600 | Respiratory Smooth Muscle Relaxants | | | | |
| 880000 | Vitamins | X | | | |
| 880400 | Vitamin A | X | | | |
| 880800 | Vitamin B Complex | X | | | |
| 881200 | Vitamin C | X | | | |
| 881600 | Vitamin D | X | | | |
| 882000 | Vitamin E | X | | | |
| 882400 | Vitamin K Activity | X | | | |
| 882800 | Multivitamin Preparations | X | | | |
| 920000 | Unclassified Therapeutic Agents | X | | | |
| 940000 | Devices | X* | | | |
| * | Blood Glucose Measuring Devices | | | | |
| * | Diabetic Supplies | | | | |
| * | Insulin Syringes and Needles | | | | |
| * | IV Administration Supplies | | | | |
| * | Ostomy Supplies | | | | |
| * | Suction Supplies | | | | |
| * | Wound Care Supplies | | | | |
| 960000 | Pharmaceutical Aids | X* | | | |
| * | Alcohol/Alcohol Swabs | | | | |
| | | | | | |
| * | These items are paid as an exception to the therapeutic class | | | | |
| | | | | | |
| | All over the counter drugs are excluded | | | | |

**MSI DRUG AUTHORIZATION REQUEST
CONFIDENTIAL PATIENT INFORMATION**
* * Illegible or Incomplete forms will be returned * *

FAX TO: (714) 634-1486

AIA PHONE NUMBER: (714) 634-1321

URGENT REQUEST ? (check here) ☐

| | | |
|--|--|---------------------------|
| Date of Request: | Patient Name (last, first, MI): | Patient ID Number: |
| Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | DOB: | Phone #: () |
| Name of Member's Health Plan: | | |

| | |
|--------------------------------------|----------------------------------|
| PRINT Physician Name: | MD Office Contact Person: |
| Physician DEA or State Lic #: | MD Phone #: |
| Signature: | MD Fax #: |
| Physician's Specialty: | |

| | |
|--------------------------|--------------------------------------|
| Pharmacy Name: | Pharmacy Fax Number: () |
| Pharmacy Contact: | Pharmacy Phone Number: () |
| | Pharmacy NABP# |

| | | |
|--------------------------------------|---|---------------------|
| <u>MEDICATION REQUEST</u> | | |
| Drug Name & Strength: | Qty: | Days Supply: |
| Directions for use (Sig): | Refills: | NDC#: |
| Expected duration of therapy: | | |
| Date of Service: | <input type="checkbox"/> NEW therapy OR <input type="checkbox"/> CONTINUING therapy (Original Rx date: _____) | |

| |
|--|
| <u>MEDICAL JUSTIFICATION</u> (All four areas in this section MUST be completed by member's healthcare provider or Pharmacist) |
| Diagnosis (for requested drug and all relevant Dx): |
| Current Medication(s): |
| Formulary Drugs Tried & Failed: |
| MEDICAL JUSTIFICATION: |

| | | |
|-------------------------------------|--------------------|---|
| <u>FOR MSI USE ONLY</u> | | |
| Approved _____ | Denied _____ | Deferred for Additional Information _____ |
| Approved As Modified _____ | | Pt. Not Eligible _____ |
| COMMENTS: _____ | | |
| Authorizing Signature: _____ | Date: _____ | |
| NDC | VALID: | EXPIRES: |

3. NON-FORMULARY DRUGS

The Medical Services for Indigents (MSI) Program utilizes a modified Medi-Cal Drug Formulary. Non-formulary drugs are covered on an exception to the rule basis. The MSI Program in those instances may cover a non-formulary drug when one of the following conditions is present:

All formulary options are ineffective, **or** there is an overwhelming case need, and the diagnosis is within the scope of the MSI Program **and is** consistent with the prescription.

If a physician wants to request that MSI pay for a non-formulary drug, **and** one of the above mentioned conditions is present, he or she must complete a Drug Authorization Request form. (**See Appendix D**). The MSI Program's Medical Review Committee determines the payability of all non-formulary drug requests. Their decisions are final and binding. The committee meets the fourth Wednesday of each month. In order for a request to be placed on the agenda for a particular month, the respective form must be completed and received no later than the Thursday preceding the committee meeting.

The procedure for submission of the non-formulary drug request form is as follows:

- a) Ask prescribing physician to confer with the pharmacist to determine if a formulary drug may be substituted. If not, have physician complete the form in its entirety.
- b) Include the patient's name, social security number, diagnosis and any other information regarding the patient's condition that may assist the Medical Review Committee to render a decision. This information may include lab results and the failure of other therapeutic agents. **Writing must be legible.**
- c) Submit the non-formulary drug request as indicated on the respective form.

Important Note: Drugs available over the counter are not payable by the MSI program.

APPENDIX E

MSI CONTRACTING HOSPITALS

Anaheim General Hospital

3350 W. Ball Road
Anaheim, CA 92804
(714) 220-4556

Brea Community Hospital

380 W. Central Avenue
Brea, CA 92821
(714) 671-5424 ext. 191

Coastal Communities Hospital

2701 South Bristol Street
Santa Ana, CA 92704
(714) 754-5454

Garden Grove Hospital and Medical Center

12601 Garden Grove Boulevard
Garden Grove, CA 92843
(714) 741-2713

Huntington Beach Hospital and Medical Center

17772 Beach Boulevard
Huntington Beach, CA 92647
(714) 842-1473

Kaiser Permanente

441 N. Lakeview Avenue
Anaheim, CA 92807
(714) 279-4072

Long Beach Memorial Medical Center

2801 Atlantic Avenue
Long Beach, CA 90806
(562) 595-2311
(Trauma Only)

Anaheim Memorial Medical Center

1111 W. La Palma Avenue
Anaheim, CA 92801
(714) 999-6161

Chapman Medical Center

2601 E. Chapman Avenue
Orange, CA 92869
(714) 633-0011 x 1119 or 1210

Fountain Valley Regional Hospital and Medical Center

17100 Euclid
Fountain Valley, CA 92708
(714) 966-3316

Hoag Memorial Hospital Presbyterian

1 Hoag Drive, P. O. Box 6100
Newport Beach, CA 92658-6100
(949) 760-2316

Irvine Medical Center

16200 Sand Canyon Avenue
Irvine, CA 92618
(949) 753-2125

La Palma Intercommunity Hospital

7901 Walker Street
La Palma, CA 90623
(714) 670-6091

Los Alamitos Medical Center

3751 Katella Avenue
Los Alamitos, CA 90720
(562) 799-3116

APPENDIX E – continued

Mission Hospital Regional Medical Center

27700 Medical Center Road
Mission Viejo, CA 92691-8426
(949) 365-2116

Placentia Linda Hospital

1301 Rose Drive
Placentia, CA 92870
(714) 524-4257

San Clemente Hospital and Medical Center

654 Camino De Los Mares
San Clemente, CA 92673
(949) 496-1122 x 4529

St. Joseph Hospital-Orange

1100 W. Stewart Drive
Orange, CA 92868
(714) 771-8107

Tustin Hospital and Medical Center

14662 Newport Avenue
Tustin, CA 92680
(714) 838-9600 x 5892

University of California – UCI Medical Center

101 The City Drive, Rte #62
Orange, CA 92868
(714) 456-5703 – E. R.

West Anaheim Medical Center

3033 W. Orange Avenue
Anaheim, CA 92804
(714) 827-3000 x 7346

Western Medical Center/Santa Ana

1001 North Tustin Avenue
Santa Ana, CA 92705
(714) 953-3409

Orange Coast Memorial Medical Center

9920 Talbert Avenue
Fountain Valley, CA 92708
(714) 378-7588

Saddleback Memorial Medical Center

24451 Health Center Drive
Laguna Hills, CA 92653
(949) 452-3936

South Coast Medical Center

31872 Coast Highway
Laguna Beach, CA 96251-6775
(949) 499-7154

St. Jude Medical Center

101 E. Valencia Mesa Drive
Fullerton, CA 92835
(714) 992-3000 x 3341

University of California – UCI Medical Center

101 The City Drive, Rte #62
Orange, CA 92868
(714) 456-6401 – Outpatient Registration

University of California – UCI Medical Center

101 The City Drive, Rte #62
Orange, CA 92868
(714) 456-6324 – Customer Service

Western Medical Center/Anaheim

1025 S. Anaheim Boulevard
Anaheim, CA 92805
(714) 533-6220 ext. 2922

Western Medical Center/Santa Ana

1001 North Tustin Avenue
Santa Ana, CA 92705
(714) 953-3409

APPENDIX E – continued

Community Clinics

A list of community clinics in Orange County follows. Only some of the clinics take MSI Applications. Clinics that take MSI applications are identified by the symbol ♦

| | |
|---|-----------------------|
| ♦ Camino Health Center 33081 Calle Perfecto, Suite A; San Juan Capistrano, CA 92675 | (949) 240-2272 |
| ♦ Casa de Salud 1515 South Broadway, Suite D; Santa Ana, CA 92707 | (714) 285-9883 |
| Clinica CHOC Para Ninos <i>Services to children</i> 406 South Main Street; Santa Ana, CA 92701 | (714) 558-8811 |
| ♦ Huntington Beach Community Clinic 8041 Newman Avenue; Huntington Beach, CA 92647 | (714) 847-4222 |
| ♦ La Amistad Family Health Center 353 South Main; Orange, CA 92868 | (714) 771-8006 |
| ♦ Laguna Beach Community Clinic 362 Third Street; Laguna Beach, CA 92651 | (949) 494-0761 |
| Lestonnac Clinic 1215 E. Chapman Avenue; Orange, CA 92866 | (714) 633-4600 |
| ♦ Nhan Hoa Comprehensive Health Care Center 14221 Euclid Street; Suite H-I, Garden Grove CA 92643 | (714) 539-9999 |
| Planned Parenthood <i>Administrative Office</i> 700 South Tustin; Orange, CA 92866 | (714) 633-6373 |
| Puente A La Salud <i>Services available only to agricultural workers and their families</i> | (714) 744-8801 |

APPENDIX E – continued

Community Clinics

| | |
|--|-----------------------|
| Share Our Selves (SOS) 1550 Superior Avenue; Costa Mesa, CA 92627 | (949) 650-0640 |
| ◆ Sierra Health Center 501 South Brookhurst Road; Fullerton, CA 92833 | (714) 870-0717 |
| St. Jude Medical Center Mobile Clinics <i>Services to North Orange County Sites</i> | (714) 446-7089 |
| The Gary Center <i>Dental and mental health services only</i> 341 Hillcrest Street; La Habra, CA 90631 | (562) 691-3263 |
| ◆ UCI Family Health Center-Anaheim 300 West Carl Karcher Way; Anaheim, CA 92805 | (714) 456-7002 |
| ◆ UCI Family Health Center-Santa Ana 800 North Main Street; Santa Ana, CA 92701 | (714) 541-6545 |
| VNCOC Asian Health Center 5015 K-L West Edinger Avenue; Santa Ana, CA 92704 | (714) 418-2040 |

◆ **Community Clinics that take MSI applications.**

APPENDIX F

MSI AND MEDI-CAL COMPARISON

The Medical Services for Indigents Program is an Orange County program that provides necessary medical services for persons between the ages of 21 and 64 who are not eligible to Medi-Cal and who have no other resource for medical care.

Medi-Cal is a State run program that provides Temporary Assistance to Needy Families (TANF), and medical services for persons who qualify for long term disability. The Medi-Cal Program provides a wider scope of services not limited to providers within Orange County.

The following services are covered by Medi-Cal but **excluded** from **MSI**:

- ❶ Pregnancy-related services, including complications of pregnancy
- ❷ Extended or long-term care facility services
- ❸ Adult day-care health services
- ❹ Acupuncture, chiropractic, optometry
- ❺ Hearing aids, eye glasses for refraction and eye appliances
- ❻ Prosthetic devices, orthotic appliances and other similar appliances, unless as part of the emergency service
- ❼ Non-acute dental services
- ❽ Non-emergency medical transportation services, including ambulance services in non-emergency situations
- ❾ Skilled nursing or intermediate cares services

Appropriately billing Medi-Cal for reimbursement for medical services conserves the fixed MSI funds. All MSI providers benefit from these savings. All reasonable efforts should be made when an applicant is identified as potentially disabled and eligible for Medi-Cal.

Medi-Cal disability applications forwarded to the Disability and Adult Programs (DADP) are processed more expeditiously if copies of medical records (particularly test results) are attached to the application. Records such as x-rays, laboratory results, copies of physical exams, operative reports, etc., speed up the DADP decision.

APPENDIX F – continued

If a patient in an acute care facility is to be discharged to a long-term care facility, the Social Services Agency (SSA) Eligibility Technician should be contacted immediately to complete an application for Medi-Cal.

Occasionally, MSI and Medi-Cal applications are taken simultaneously. Persons initially admitted as MSI patients may be Medi-Cal eligible if their illness or injury results in long-term disability. In these cases, the SSA Eligibility Technician should be asked to take a Medi-Cal application based upon long-term disability. To qualify for this category, the State must determine that the patient will be disabled for a period of at least twelve (12) months. Certification of Medi-Cal eligibility takes approximately four (4) to six (6) months and sometimes longer.

There are some disabling conditions that allow for **presumptive** Medi-Cal eligibility. An application can be processed immediately at the local level if the patient's SSA Eligibility Technician is provided with medical documentation of one of the following:

(see next page)

APPENDIX F – continued

| No. | IMPAIRMENT CATEGORIES | | | | | | | | | | | | |
|----------------------------|--|----------------------------|-----------------|---------|--|----|---|----|--|----|---|----|--|
| 1 | Amputation of two limbs | | | | | | | | | | | | |
| 2 | Amputation of a leg at the hip | | | | | | | | | | | | |
| 3 | Allegation of total deafness | | | | | | | | | | | | |
| 4 | Allegation of total blindness | | | | | | | | | | | | |
| 5 | Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition—exclude recent accident and recent surgery | | | | | | | | | | | | |
| 6 | Allegation of a stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm | | | | | | | | | | | | |
| 7 | Allegations of cerebral palsy, muscular dystrophy or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking or coordination of the hands or arms | | | | | | | | | | | | |
| 8 | Allegation of diabetes with amputation of a foot | | | | | | | | | | | | |
| 9 | Allegation of Down syndrome | | | | | | | | | | | | |
| 10 | <p>Allegation of severe mental deficiency made by another individual filing on behalf of a client who is at least 7 years of age.</p> <p>For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency, or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities.</p> <p>Note: “Mental deficiency” means mental retardation. This Presumptive Disability (PD) category pertains to individuals whose dependence upon others for meeting personal care needs (e.g., hygiene) and in doing other routine daily activities (e.g., fastening a seat belt) grossly exceeds age-appropriate dependence as a result of mental retardation.</p> | | | | | | | | | | | | |
| 11 | A child is age 6 months or younger and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pound 10 ounces) at birth. | | | | | | | | | | | | |
| 12 | Human immunodeficiency virus (HIV) infection. (See below for details on granting PD for HIV infection.) | | | | | | | | | | | | |
| 13 | <p>A child is age 6 months or younger and available evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table below with the corresponding birth-weight indicated:</p> <table data-bbox="367 1381 1362 1558"> <thead> <tr> <th data-bbox="367 1381 792 1417">Gestational Age (in weeks)</th><th data-bbox="808 1381 1362 1417">Weight at Birth</th></tr> </thead> <tbody> <tr> <td data-bbox="367 1417 792 1444">37 – 40</td><td data-bbox="808 1417 1362 1444">Less than 2000 grams (4pounds, 6 ounces)</td></tr> <tr> <td data-bbox="367 1444 792 1472">36</td><td data-bbox="808 1444 1362 1472">1875 grams or less (4 pounds, 2 ounces)</td></tr> <tr> <td data-bbox="367 1472 792 1499">35</td><td data-bbox="808 1472 1362 1499">1700 grams or less (3 pounds, 12 ounces)</td></tr> <tr> <td data-bbox="367 1499 792 1526">34</td><td data-bbox="808 1499 1362 1526">1500 grams or less (3 pounds, 5 ounces)</td></tr> <tr> <td data-bbox="367 1526 792 1554">33</td><td data-bbox="808 1526 1362 1554">1325 grams or less (2 pounds, 15 ounces)</td></tr> </tbody> </table> | Gestational Age (in weeks) | Weight at Birth | 37 – 40 | Less than 2000 grams (4pounds, 6 ounces) | 36 | 1875 grams or less (4 pounds, 2 ounces) | 35 | 1700 grams or less (3 pounds, 12 ounces) | 34 | 1500 grams or less (3 pounds, 5 ounces) | 33 | 1325 grams or less (2 pounds, 15 ounces) |
| Gestational Age (in weeks) | Weight at Birth | | | | | | | | | | | | |
| 37 – 40 | Less than 2000 grams (4pounds, 6 ounces) | | | | | | | | | | | | |
| 36 | 1875 grams or less (4 pounds, 2 ounces) | | | | | | | | | | | | |
| 35 | 1700 grams or less (3 pounds, 12 ounces) | | | | | | | | | | | | |
| 34 | 1500 grams or less (3 pounds, 5 ounces) | | | | | | | | | | | | |
| 33 | 1325 grams or less (2 pounds, 15 ounces) | | | | | | | | | | | | |
| 14 | A physician or knowledgeable hospice official confirms an individual is receiving hospice services because of terminal cancer. | | | | | | | | | | | | |
| 15 | Allegation of inability to ambulate without the use of a walker or bilateral hand held assistive devices more than two weeks following a spinal cord injury with confirmation of such status from an appropriate medical professional. | | | | | | | | | | | | |

APPENDIX G

THE NOTICE OF ACTION (NOA)

The Notice of Action (NOA) document is used to inform the applicant/recipient of the eligibility status of their MSI application. The applicant/recipient is responsible to inform all providers of medical services of their eligibility status. Providers may also obtain information on eligibility status from the SSA Eligibility Technician at the MSI Information Line (See p. 5), the Patient/Provider Relations office or the Fiscal Intermediary.

The following are samples of NOA documents:

- The NOA indicating Approval of MSI Benefits (See Appendix G-1, p.77)
- The NOA indicating Appeal 2A3 (See Appendix G-2, p.78)
- The NOA indicating Appeal Administrative Review 3A3 (See Appendix G-3, p.79)
- The NOA for Disability Linked MSI applicants (See Appendix G-4, p.80)

The following chart lists all of the currently used notices by code. Code numbers appear on the lower left-hand corner of the Notice of Action.

(see next page)

APPENDIX G – continued

| APPROVAL NOTICES OF ACTION TABLE | |
|---|--|
| First Character | |
| 1 | Regular Application |
| 2 | Fair Hearing Resolution |
| 3 | Administrative Review Resolution |
| 4 | Amnesty Application |
| Second Character | |
| A | Regular Applicant |
| B | Applicant becomes 65 years old during 6 months |
| C | Applicant's alien expiration date during 6 months |
| DENIAL AND OTHER NOTICES | |
| Code | Description |
| 11 | Deny – Failure to cooperate and/or provide information. Requires entry of reason on second screen. |
| 12 | Deny – Timely Application. Application was received after the 90-day deadline or after end of contract deadline. |
| 13 | Deny – Resident. Not an Orange County Resident. |
| 14 | Deny – Alien. Alien without legal resident status in U.S. |
| 15 | Deny – Excess resources. Total property reserves exceed allowable limit. NOA will display property as listed on screen. |
| 16 | Deny – Age. Under 21 or over 65 years of age. Referred for Medi-Cal application. |
| 17 | Deny – Medi-Cal. Person is currently Medi-Cal eligible. |
| 18 | Deny – Institution. Person is resident of institution. |
| 19 | Excess income. |
| 20 | Excess Resources and Poverty Level. Resources and income both exceed program limits. |
| 31 | Pend Dual Medi-Cal (not DAPD) person identified as possible Medi-Cal link, MSI pended for Medi-Cal determination. |
| 32/34 | No application processed. Person identified is currently certified. Encounter falls within current certification period. Reapply at end of certification period. |
| 33 | Previously denied eligibility. Reapplication for a month in which eligibility has already been determined. |
| 35 | Pend Dual Medi-Cal Person identified as possible link to Medi-Cal based on disability. MSI may be approved while awaiting Medi-Cal determination. |

APPENDIX G - 1

NOTICE OF ACTION – APPROVAL OF BENEFITS

MSI 2391

COUNTY OF ORANGE
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION
MEDICAL SERVICES FOR INDIGENTS PROGRAM**

Notice Date August 9, 2000
Case

Name Test2, A
Number 222-22-2222/01

Telephone MSI Hotline
(714) 480-6333
Address P.O. Box 70017
Anaheim, CA 92825-0017

A. Test2
Aaa
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE
QUYEN LOI CUA QUI VI XIN GOI
THANG "MSI" DIEN THOAI SO

DEAR Ms. A. Test2:

SI TIENE PREGUNTAS DE ESTA NOTICAS
DE ELIGIBILDA DEL PROGRAMA DE "MSI"
LLAME EL TELEPHONO "MSI HOTLINE".

Your Medical Services for Indigents application of August 1, 2000 has been approved. You are eligible for benefits beginning October 1, 2000 through February 28, 2001.

This notice is verification of your eligibility and should be presented to the MSI provider/facility of service when you obtain medical care.

If you continue to have a medical problem at the end of your eligibility period, you may re-apply for the Medical Services for Indigents Program in your last month of eligibility.

This action is required by the following laws and/or regulations.

MSI Manual Sections:
200-5 Eligibility Determination

MSI Approval – Regular 1A3

MSI Eligible prescriptions may be filled at a Caremark Participating Pharmacy.
Plan code CRK
Group # OCMSI

PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM

PROVIDER NOTE:
For Billing Address and Information
see the MSI Provider Manual

APPENDIX G - 2

NOTICE OF ACTION – APPEAL (2A3)

MSI 2391

COUNTY OF ORANGE
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION
MEDICAL SERVICES FOR INDIGENTS PROGRAM**

| | |
|-------------|--|
| Notice Date | August 9, 2000 |
| Case | |
| Name | Test2, A |
| Number | 222-22-2222/01 |
| Telephone | MSI Hotline (714) 480-6333 |
| Address | P.O. Box 70017 Anaheim, CA 92825-0017 |

A. Test2
Aaa
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE
QUYEN LOI CUA QUI VI XIN GOI
THANG "MSI" DIEN THOI SO

SI TIENE PREGUNTAS DE ESTA NOTICAS
DE ELIGIBILDA DELPROGRAMA DE "MSI"
LLAME ELTELEPHONO "MSI HOTLINE".

DEAR Ms. A. Test A.:

Your Medical Services for Indigents (MSI) application of _____ has been *re-evaluated* as a result of your MSI hearing. This notice is to advise you of the changes in your eligibility based on that *re-evaluation*.

Your Medical Services for Indigents application of _____ has been approved. You are eligible for benefits beginning _____ through _____.

This notice is verification of your eligibility and should be presented to the MSI provider/facility of service when you obtain medical care.

If you continue to have a medical problem at the end of your eligibility period, you may re-apply for the Medical Services for Indigents Program in your last month of eligibility.

This action is required by the following laws and/or regulations.

MSI Manual Sections:
200-5 Eligibility Determination

MSI Approval - Appeal 2A3

MSI Eligible prescriptions be filled at a Caremark Participating Pharmacy.

Plan code CRK

Group # OCMSI

PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM

PROVIDER NOTE:
For Billing Address and Information
see the MSI Provider Manual

APPENDIX G - 3

NOTICE OF ACTION – ADMINISTRATIVE REVIEW (3A3)

MSI 2391

COUNTY OF ORANGE
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION
MEDICAL SERVICES FOR INDIGENTS PROGRAM**

| | |
|-------------|--|
| Notice Date | August 9, 2000 |
| Case | |
| Name | Test2, A |
| Number | 222-22-2222/01 |
| Telephone | MSI Hotline (714) 480-6333 |
| Address | P.O. Box 70017 Anaheim, CA 92825-0017 |

A. Test2
Aaa
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE
QUYEN LOI CUA QUI VI XIN GOI
THANG "MSI" DIEN THOI SO

DEAR Ms. A. Test A::

SI TIENE PREGUNTAS DE ESTA NOTICAS
DE ELIGIBILDA DELPROGRAMA DE "MSI"
LLAME EL TELEPHONO "MSI HOTLINE".

Your Medical Services for Indigents (MSI) application of _____ has been *re-evaluated* as a result of your MSI Administrative Review. This notice is to advise you of the changes in your eligibility based on that *re-evaluation*.

Your Medical Services for Indigents application of _____ has been approved. You are eligible for benefits beginning _____ through _____.
This notice is verification of your eligibility and should be presented to the MSI provider/facility of service when you obtain medical care.

If you continue to have a medical problem at the end of your eligibility period, you may re-apply for the Medical Services for Indigents Program in your last month of eligibility.

This action is required by the following laws and/or regulations.

MSI Manual Sections:
200-5 Eligibility Determination

MSI Approval – Administrative Review 3A3

MSI Eligible prescriptions be filled at a Caremark Participating Pharmacy.
Plan code CRK
Group # OCMSI

PROVIDER NOTE:
PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM

For Billing Address and Information
see the MSI Provider Manual

APPENDIX G - 4

NOTICE OF ACTION - DISABILITY LINKED

MSI 2391

COUNTY OF ORANGE
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION
MEDICAL SERVICES FOR INDIGENTS PROGRAM**

| | |
|-------------|--|
| Notice Date | August 9, 2000 |
| Case | |
| Name | Test2, A |
| Number | 222-22-2222/01 |
| Telephone | MSI Hotline (714) 480-6333 |
| Address | P.O. Box 70017 Anaheim, CA 92825-0017 |

A. Test2
Aaa
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE
QUYEN LOI CUA QUI VI XIN GOI
THANG "MSI" DIEN THOI SO

SI TIENE PREGUNTAS DE ESTA NOTICAS
DE ELIGIBILDA DELPROGRAMA DE "MSI"
LLAME ELTELEPHONO "MSI HOTLINE".

DEAR Ms. A. Test2

Thank you for completing both your Medi-Cal application and your MSI application.

You are applying for Medi-Cal because you expect to be disabled over twelve months. If your Medi-Cal application is approved, you will receive a Medi-Cal identification card that you must take to all of your service providers (doctors, hospitals, pharmacies, etc.) so that Medi-Cal can be billed for services you have received.

While your Medi-Cal application is being evaluated, your MSI application may be approved. If you meet all MSI eligibility requirements, you will receive an MSI Notice of Action showing your eligibility period. You must take this notice to all service providers so that MSI can be billed for services you have received. If needed, you may re-apply for MSI. If your Medi-Cal application is approved, you will show your Medi-Cal identification card to providers instead of your MSI notice.

As a reminder, you must complete and cooperate fully in the Medi-Cal application process as a condition of MSI eligibility. If you fail to cooperate in the Medi-Cal process, we will not be able to re-certify your MSI eligibility and you will have to wait until you complete the Medi-Cal process.

This action is required by the following laws and/or regulations.

MSI Manual Sections:
200 Eligibility Determination

MSI Approval – Pending P35

MSI Eligible prescription may be filled at a Caremark Participating Pharmacy.

Plan code CRK

Group # OCMSI

PROVIDER NOTE:

PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM

For Billing Address and Information
see the MSI Provider Manual

APPENDIX H

REVERSE SIDE OF NOTICE OF ACTION

ELIGIBILITY APPEAL RIGHTS

You have the right to request a hearing. Your request must be made in writing. Your request for a hearing must be within 30 days of the date of this notice.

If you request a hearing, you will be given notice of the time, date and place. When you receive your Notice of Hearing, you must confirm your intent to appear at the hearing or your appeal will be automatically denied. Instructions for confirmation appear on the Notice of Hearing. You have the right to examine all documents and records to be used at the hearing. You may represent yourself or you may be represented by an attorney or any other person (a friend, relative, or other spokesperson) of your choice. You or your representative may bring witnesses, establish pertinent facts, make arguments, cross-examine witnesses, and refute testimony or evidence. If you want to ask for free legal advice, contact the nearest Legal Aid Society office.

Following the hearing, the hearing officer will issue a written decision. The decision becomes final when adopted by the Program Manager of the Medical Services for Indigents Program.

You may request a hearing by completing the request on this form and either leaving the entire form at the reception desk or mailing it to Orange County Social Services Agency, Appeals Unit, P. O. Box 22001, Santa Ana, California 92702-2001, within 30 days of the date of this notice.

(DO NOT DETACH)

I request a hearing on the action taken regarding Medical Services for Indigents assistance. I disagree with this action because:

I will be represented by an authorized Representative ☐ Yes ☐ No

| | |
|------------------------|----------------|
| | Signature |
| | Address |
| Name of Representative | City/State/Zip |
| | Telephone |
| | Date |

APPENDIX I
(Sample Eligibility Status Report)

| NAME | SOC SEC NO/AP# | SEX | BIRTH DATE | STS | RECVD DATE | EFF DATE | TERM DATE | E.T. | LETTER |
|----------------|-----------------|-----|------------|-----|------------|------------|------------|------|--------|
| DOE, JOHN J. | 999-99-9972/01 | M | 07-17-1969 | A | 08-19-1992 | 07-01-1992 | 12-31-1992 | Z001 | 1A1 |
| DOE, JANE J. | 999-99-9971/01 | F | 05-19-1968 | A | 08-19-1992 | 07-01-1992 | 12-31-1992 | Z001 | 1A1 |
| DOE, JOSHUA J. | 999-99-9970/01 | M | 04-12-1950 | A | 07-27-1992 | 07-01-1992 | 12-31-1992 | Z001 | 1A1 |
| DOE, JULIE J. | 9999-99-9969/02 | F | 06-17-1960 | A | 08-19-1992 | 06-01-1992 | 01-31-1993 | Z001 | 1A1 |
| DOE, JANET J. | 9999-99-9968/01 | F | 11-04-1940 | M | 08-25-1992 | 07-01-1992 | 12-31-1992 | Z001 | P31 |
| | | | | | | | | | |
| Total Listed 5 | | | | | | | | | |
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APPENDIX I - 1

HOW TO READ THE ELIGIBILITY STATUS REPORT

The initial report includes an entire month's activity (e.g., 06-01-02 through 06-30-02). Reports will be issued on a weekly basis.

| | |
|------------------|--|
| NAME | Patients are listed alphabetically, by last name. |
| SSN | <p>The Social Security Number is now used in place of "Case Number."</p> <p>The new system no longer uses the 14 digit Case Numbers. Providers should bill with the Social Security Number for all applicants listed on the Eligibility Status Report. When billing a claim, a copy of the Status Report does not need to be attached. Be sure to use the Social Security Number shown on the Status Report, even if a different number is shown on the application or in your system. This is how the patient is known to the system. In the event the patient does not remember his/her number, or it is not available at the time of approval, the system, i.e., 999-99-9843 will issue a pseudo number preceded by 9's. If this appears on the Status Report, use the pseudo number billing.</p> |
| AP# | Application Number. The number of times the patient has applied for MSI. All patients will initially be shown as "1" since this is the first time they are "known" to the new system. This field will change if/when the patient reapplies for MSI. |
| STS | Status of the Application; (i.e., pending, approved, denied, etc.). See page 85. |
| RECV DATE | <p>Date the Central Processing Unit received the application.</p> <p>Note: The application will be date/time stamped in the upper right-hand corner.</p> |
| EFF DATE | The beginning date of eligibility, based on the initial encounter date listed by hospital staff. |
| TERM DATE | <p>End of eligibility period.</p> <p>Note: Denied applications should not have termination dates. However, initial reports included both effective and term dates.</p> |
| ET | Caseload Number of Eligibility Technician processing the application. |
| LETTER | Explains what type of Notice of Action was sent to the patient. The first digit explains the type of notice (approval/denial); the alpha code explains the restrictions on eligibility, if any (turns 65). |

STATUS CODES

The following Status Codes reflect the status of the application:

| | |
|----------|--|
| P | Application received and pending. |
| A | Approval of application from pending status. |
| D | Denied. |
| H | Application returned to MSI Contracting facility for clarification. (Unable to process until returned). |
| M | Dual Medi-Cal application; pending DED determination. |
| F | Fair hearing request has been filed on previously approved/denied application. |
| R | Administrative Review request has been received on a previously approved/denied application. |
| U | Change in certification or eligibility information. |
| N | Fair Hearing or Administrative Review decision with no change in certification or eligibility information. |
| C | Change in data other than certification period or eligibility information. |
| I | Inquiry made by Social Services, with no change in certification period or eligibility information. |

APPENDIX J

PROCEDURES FOR REFERRAL TO ORANGE COUNTY PSYCHIATRIC EVALUATION AND TREATMENT SERVICES (ETS)

To facilitate the transfer and psychiatric evaluation of medically stable persons meeting admission criteria outlined under W & I Code 5150, and listed below.

Admission Criteria

1. Any person who by reason of mental disorder is in imminent danger of harming himself/herself or others, or is gravely disabled and may require psychiatric evaluation, is appropriate for referral to County ETS.
2. Any person suffering from effects of toxic substances, (e.g., drugs, alcohol, poisons, etc.) is not appropriate for admission until medically evaluated and stabilized.
3. Any person with criminal charges and in custody is not appropriate for referral/admission to the County ETS.

Admission/Referral Procedures

1. All agency referrals to the County ETS must be preceded by a phone call. No one will be received by the unit without phone approval.
2. The staff at the County ETS will inquire as to the person's behavior, medical status (if known), and circumstances under which he/she is being referred.
3. Hospital personnel who receive individuals in their emergency rooms who meet the criteria for ETS should call **County ETS at 834-6900**. Clinic and physician office-personnel who see individuals in their offices who meet the criteria for ETS should call the closest Adult Outpatient Mental Health Clinic (**see MSI Patient Brochure for a list of numbers**).
4. If the referral does not meet the admission criteria, the County ETS staff will direct the referring person to the most appropriate alternative resource. These resources may include:

APPENDIX J – continued

- a) Regional Mental Health Team
 - b) Regional Alcohol/Drug Abuse team
 - c) Private Hospital
 - d) Other community service providers
5. If the referral meets admission criteria, County ETS staff will direct the referring person to transport the individual to the County unit.
 6. If the individual is being detained on a 5150, the original 5150 application must accompany the patient to the County facility.
 7. Persons requiring emergency medical services must receive treatment and be medically stable prior to referral and transfer to the County facility. A copy of the emergency room medical report must accompany the patient to the County facility. The Emergency Room Physician must contact the County Physician by telephone for authorization to transfer the patient. ETS will ask for a facsimile of ER report prior to transfer for physician's review.
 8. Ambulance personnel, police and/or transporting person will be requested to remain with the individual brought to the County ETS facility until staff processes admission (approximately 15 minutes).

Processing includes:

- a) A brief screening to confirm that the individual meets admission criteria
- b) Confirmation that any legal holds, i.e., 5150's and related paperwork is complete and accurate
- c) Once the individual is admitted, the County will take the responsibility of providing appropriate disposition services including transport to alternative facilities

APPENDIX K

NOTICE OF PAYMENT DENIAL

(Front of Form)

Medical Services for Indigents
Formerly: Indigent Medical Services
American Insurance Administrators
P. O. Box 6567 Orange, CA 92863-6567
(714) 634-1321

NOTICE OF PAYMENT DENIAL **THIS IS NOT A BILL**

October 9, 2000

Testing L. Testing
102 Shell Drive
San Clemente, CA 92672

MSI Client: Testing L. Testing
Case #: 999-99-994/03
Date of Service: 07/12/00
Amount of Claim: \$299.16
Provider: UCI Medical Center
Date of Denial: 09/27/00

Service: Hospital Services

Reason for Denial: Services provided are not within the scope of MSI Program. (Medical Services Agreement Exhibit A and Provider Manual Criteria for Interpretation of the Scope of Service**).

The scope of the MSI Program is "medically necessary care to protect life, prevent significant disability, or to prevent serious deterioration of health". The claim for the medical care rendered on the above date of service has been denied because it does not meet this test of medical necessity.

You may appeal the denial within 30 days of the date in the heading of this letter. To appeal the denial you must complete the form on the back of this letter, which includes a statement of your appeal rights, or submit a written statement with the same information specified on the form. The completed form or written statement must be sent within the 30-day time limit to:

American Insurance Administrators
P. O. Box 6567
Orange, CA 92863-6567

This is not a request for payment.

Please note: Claims information is not available over the telephone.

****Copies available for review**

The Health Care Agency Custodian of Records office can provide a copy of the MSI Medical Services Agreement and the MSI Provider Manual. These documents contain a list of non-covered services. To obtain these items call (714) 834-3536.

APPENDIX K – continued

NOTICE OF PAYMENT DENIAL

(Back of Form)

APPEAL RIGHTS

You have the right to an appeal. To appeal this decision, you must mail this form or a letter with the same information specified on the form within thirty (30) days of the date of the Notice of Denial to: American Insurance Administrators, P. O. Box 6567, Orange, CA 92863-6567. You may request an appeal, which will be decided by the Medical Review Committee. You may represent yourself or an attorney or any other person of your choice may represent you. If you wish to ask for free legal assistance, contact your nearest Legal Aid Society Office.

Your appeal must be accompanied by any records, medical opinions, arguments or other information, which you or your authorized representative(s) believe would be relevant in establishing the pertinent facts and in reaching a decision. The Medical Review Committee will consider this information in addition to the information contained in the claim file in reaching a final decision. You will be notified in writing of the Committee's decision.

If you are submitting an appeal, please return this entire form, or a letter with the same information, for proper handling.

| | |
|-------------------------------------|--------------------------|
| Name: _____ | Date: _____ |
| Current Address: _____ | Date of Birth: _____ |
| _____ | S. S. #: _____ |
| Telephone Number: _____ | Best Time to Call: _____ |
| Provider Name: _____ | Date of Service: _____ |
| What is the reason for your appeal? | |
| _____ | |
| _____ | |
| _____ | |